

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

## ANALGESICS AND ANESTHETICS

### ANALGESICS - ANTI-INFLAMMATORY

celecoxib cap 100 mg (Celebrex)  
 celecoxib cap 200 mg (Celebrex)  
 celecoxib cap 400 mg (Celebrex)  
 celecoxib cap 50 mg (Celebrex)  
 diclofenac potassium tab 50 mg  
 diclofenac sodium tab delayed release 25 mg  
 diclofenac sodium tab delayed release 50 mg  
 diclofenac sodium tab delayed release 75 mg  
 etodolac cap 200 mg  
 etodolac cap 300 mg  
 etodolac tab 400 mg (Lodine)  
 etodolac tab 500 mg  
 etodolac tab er 24hr 400 mg  
 etodolac tab er 24hr 500 mg  
 etodolac tab er 24hr 600 mg  
 flurbiprofen tab 100 mg  
 ibuprofen susp 100 mg/5ml  
 ibuprofen tab 400 mg  
 ibuprofen tab 600 mg  
 ibuprofen tab 800 mg  
 indomethacin cap 25 mg  
 indomethacin cap 50 mg  
 leflunomide tab 10 mg (Arava)  
 leflunomide tab 20 mg (Arava)  
 meloxicam tab 15 mg  
 meloxicam tab 7.5 mg  
 nabumetone tab 500 mg  
 nabumetone tab 750 mg  
 naproxen sodium tab 275 mg  
 naproxen sodium tab 550 mg (Anaprox ds)  
 naproxen tab 250 mg  
 naproxen tab 375 mg  
 naproxen tab 500 mg (Naprosyn)  
 oxaprozin tab 600 mg (Daypro)  
 piroxicam cap 10 mg (Feldene)  
 piroxicam cap 20 mg (Feldene)  
 sulindac tab 150 mg  
 sulindac tab 200 mg  
 ADALIMUMAB-AATY 1-PEN KIT – adalimumab-  
 aaty auto-injector kit 40 mg/0.4ml  
 ADALIMUMAB-AATY 1-PEN KIT – adalimumab-  
 aaty auto-injector kit 80 mg/0.8ml  
 ADALIMUMAB-AATY 2-PEN KIT – adalimumab-  
 aaty auto-injector kit 40 mg/0.4ml  
 ADALIMUMAB-AATY 2-SYRINGE – adalimumab-  
 aaty prefilled syringe kit 20 mg/0.2ml  
 ADALIMUMAB-AATY 2-SYRINGE – adalimumab-  
 aaty prefilled syringe kit 40 mg/0.4ml  
 ADALIMUMAB-ADAZ – adalimumab-adaz soln auto-  
 injector 40 mg/0.4ml

ADALIMUMAB-ADAZ – adalimumab-adaz soln  
 prefilled syringe 40 mg/0.4ml  
 ENBREL – etanercept subcutaneous inj 25  
 mg/0.5ml  
 ENBREL – etanercept subcutaneous soln prefilled  
 syringe 25 mg/0.5ml  
 ENBREL – etanercept subcutaneous soln prefilled  
 syringe 50 mg/ml  
 ENBREL MINI – etanercept subcutaneous solution  
 cartridge 50 mg/ml  
 ENBREL SURECLICK – etanercept subcutaneous  
 solution auto-injector 50 mg/ml  
 FLURBIPROFEN – flurbiprofen tab 50 mg  
 HADLIMA – adalimumab-bwwd soln prefilled syringe  
 40 mg/0.4ml  
 HADLIMA – adalimumab-bwwd soln prefilled syringe  
 40 mg/0.8ml  
 HADLIMA PUSHTOUCH – adalimumab-bwwd soln  
 auto-injector 40 mg/0.4ml  
 HADLIMA PUSHTOUCH – adalimumab-bwwd soln  
 auto-injector 40 mg/0.8ml  
 HUMIRA – adalimumab prefilled syringe kit 10  
 mg/0.1ml  
 HUMIRA – adalimumab prefilled syringe kit 20  
 mg/0.2ml  
 HUMIRA – adalimumab prefilled syringe kit 40  
 mg/0.4ml  
 HUMIRA – adalimumab prefilled syringe kit 40  
 mg/0.8ml  
 HUMIRA PEN – adalimumab auto-injector kit 40  
 mg/0.4ml  
 HUMIRA PEN – adalimumab auto-injector kit 40  
 mg/0.8ml  
 HUMIRA PEN – adalimumab auto-injector kit 80  
 mg/0.8ml  
 HUMIRA PEN-CD/UC/HS START – adalimumab  
 auto-injector kit 80 mg/0.8ml  
 HUMIRA PEN-PS/UV STARTER – adalimumab  
 auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml  
 OTEZLA – apremilast tab 20 mg  
 OTEZLA – apremilast tab 30 mg  
 OTEZLA – apremilast tab starter therapy pack 10  
 mg & 20 mg & 30 mg  
 OTEZLA – apremilast tab starter therapy pack 4 x  
 10 mg & 51 x 20 mg  
 OTREXUP – methotrexate soln pf auto-injector 10  
 mg/0.4ml  
 OTREXUP – methotrexate soln pf auto-injector 12.5  
 mg/0.4ml  
 OTREXUP – methotrexate soln pf auto-injector 15  
 mg/0.4ml  
 OTREXUP – methotrexate soln pf auto-injector 17.5  
 mg/0.4ml  
 OTREXUP – methotrexate soln pf auto-injector 20  
 mg/0.4ml  
 OTREXUP – methotrexate soln pf auto-injector 22.5  
 mg/0.4ml  
 OTREXUP – methotrexate soln pf auto-injector 25  
 mg/0.4ml

RINVOQ – upadacitinib tab er 24hr 15 mg  
 RINVOQ – upadacitinib tab er 24hr 30 mg  
 RINVOQ – upadacitinib tab er 24hr 45 mg  
 RINVOQ LQ – upadacitinib oral soln 1 mg/ml  
 SIMLANDI – adalimumab-ryvk prefilled syringe kit  
 40 mg/0.4ml  
 SIMLANDI 1-PEN KIT – adalimumab-ryvk auto-  
 injector kit 40 mg/0.4ml  
 SIMLANDI 2-PEN KIT – adalimumab-ryvk auto-  
 injector kit 40 mg/0.4ml  
 SIMPONI – golimumab subcutaneous soln auto-  
 injector 100 mg/ml  
 SIMPONI – golimumab subcutaneous soln prefilled  
 syringe 100 mg/ml  
 TYENNE – tocilizumab-aazg subcutaneous soln  
 auto-inj 162 mg/0.9ml  
 TYENNE – tocilizumab-aazg subcutaneous soln pref  
 syr 162 mg/0.9ml  
 XELJANZ – tofacitinib citrate oral soln 1 mg/ml  
 (base equivalent)  
 XELJANZ – tofacitinib citrate tab 10 mg (base  
 equivalent)  
 XELJANZ – tofacitinib citrate tab 5 mg (base  
 equivalent)  
 XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg  
 (base equivalent)  
 XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg  
 (base equivalent)

### ANALGESICS - NARCOTIC

acetaminophen w/ codeine tab 300-15 mg  
 (Tylenol/codeine)  
 acetaminophen w/ codeine tab 300-30 mg  
 acetaminophen w/ codeine tab 300-60 mg  
 buprenorphine hcl sl tab 2 mg (base equiv)  
 buprenorphine hcl sl tab 8 mg (base equiv)  
 butalbital-aspirin-caff w/ codeine cap 50-325-40-30  
 mg  
 codeine sulfate tab 30 mg (Codeine sulfate)  
 fentanyl td patch 72hr 100 mcg/hr  
 fentanyl td patch 72hr 12 mcg/hr  
 fentanyl td patch 72hr 25 mcg/hr  
 fentanyl td patch 72hr 50 mcg/hr  
 fentanyl td patch 72hr 75 mcg/hr  
 hydrocodone-acetaminophen soln 7.5-325 mg/15ml  
 hydrocodone-acetaminophen tab 10-325 mg  
 hydrocodone-acetaminophen tab 5-325 mg  
 hydrocodone-acetaminophen tab 7.5-325 mg  
 hydrocodone-ibuprofen tab 7.5-200 mg  
 hydromorphone hcl liqd 1 mg/ml (Dilaudid)  
 hydromorphone hcl tab 2 mg (Dilaudid)  
 hydromorphone hcl tab 4 mg (Dilaudid)  
 hydromorphone hcl tab 8 mg (Dilaudid)  
 methadone hcl conc 10 mg/ml (Methadose)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

methadone hcl soln 10 mg/5ml (Methadone hcl)  
 methadone hcl soln 5 mg/5ml (Methadone hcl)  
 methadone hcl tab 10 mg  
 methadone hcl tab 5 mg  
 methadone hcl tab for oral susp 40 mg  
 morphine sulfate oral soln 10 mg/5ml  
 morphine sulfate oral soln 100 mg/5ml (20 mg/ml)  
 morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)  
 morphine sulfate tab 15 mg (Morphine sulfate)  
 morphine sulfate tab 30 mg (Morphine sulfate)  
 morphine sulfate tab er 100 mg (Ms contin)  
 morphine sulfate tab er 15 mg (Ms contin)  
 morphine sulfate tab er 200 mg (Ms contin)  
 morphine sulfate tab er 30 mg (Ms contin)  
 morphine sulfate tab er 60 mg (Ms contin)  
 oxycodone hcl conc 100 mg/5ml (20 mg/ml)  
 oxycodone hcl soln 5 mg/5ml  
 oxycodone hcl tab 10 mg  
 oxycodone hcl tab 15 mg (Roxicodone)  
 oxycodone hcl tab 20 mg  
 oxycodone hcl tab 30 mg (Roxicodone)  
 oxycodone hcl tab 5 mg (Roxicodone)  
 oxycodone w/ acetaminophen tab 10-325 mg (Percocet)  
 oxycodone w/ acetaminophen tab 5-325 mg (Percocet)  
 oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)  
 tramadol hcl tab 50 mg (Ultram)  
 tramadol hcl tab er 24hr 100 mg  
 tramadol hcl tab er 24hr 200 mg  
 tramadol hcl tab er 24hr 300 mg  
 tramadol-acetaminophen tab 37.5-325 mg (Ultracet)  
 ACETAMINOPHEN/CODEINE – acetaminophen w/ codeine soln 120-12 mg/5ml  
 HYDROCODONE BITARTRATE/AC – hydrocodone-acetaminophen tab 2.5-325 mg  
 HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 10-200 mg  
 HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 5-200 mg  
 MORPHINE SULFATE – morphine sulfate oral soln 20 mg/5ml  
 NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg  
 NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg  
 NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg  
 NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg  
 NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg  
 XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg  
 XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg  
 XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg

XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg  
 XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg

## ANALGESICS - NON-NARCOTIC

butalbital-acetaminophen tab 50-325 mg  
 butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)  
 butalbital-aspirin-caffeine cap 50-325-40 mg  
 TENCON – butalbital-acetaminophen tab 50-325 mg

## GOUT AGENTS

allopurinol tab 100 mg (Zyloprim)  
 allopurinol tab 300 mg (Zyloprim)  
 colchicine tab 0.6 mg (Colcrys)  
 colchicine w/ probenecid tab 0.5-500 mg  
 probenecid tab 500 mg

## MIGRAINE PRODUCTS

dihydroergotamine mesylate inj 1 mg/ml  
 dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)  
 eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)  
 eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)  
 naratriptan hcl tab 1 mg (base equiv)  
 naratriptan hcl tab 2.5 mg (base equiv)  
 rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)  
 rizatriptan benzoate oral disintegrating tab 5 mg (base eq)  
 rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)  
 rizatriptan benzoate tab 5 mg (base equivalent)  
 sumatriptan nasal spray 20 mg/act (Imitrex)  
 sumatriptan nasal spray 5 mg/act (Imitrex)  
 sumatriptan succinate inj 6 mg/0.5ml  
 sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)  
 sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)  
 sumatriptan succinate tab 100 mg (Imitrex)  
 sumatriptan succinate tab 25 mg (Imitrex)  
 sumatriptan succinate tab 50 mg (Imitrex)  
 AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml  
 AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml  
 AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml  
 AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml

EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml  
 EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml  
 EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml  
 NURTEC – rimegepant sulfate tab disint 75 mg  
 QULIPTA – atogepant tab 10 mg  
 QULIPTA – atogepant tab 30 mg  
 QULIPTA – atogepant tab 60 mg  
 REYVOW – lasmiditan succinate tab 100 mg  
 REYVOW – lasmiditan succinate tab 50 mg  
 UBRELVY – ubrogepant tab 100 mg  
 UBRELVY – ubrogepant tab 50 mg

## ANTI-INFECTIVE AGENTS

### AMINOGLYCOSIDES

neomycin sulfate tab 500 mg  
 sulfadiazine tab 500 mg  
 tobramycin nebu soln 300 mg/5ml (Tobi)  
 HUMATIN – paromomycin sulfate cap 250 mg

### ANTHELMINTICS

albendazole tab 200 mg  
 ivermectin tab 3 mg (Stromectol)  
 praziquantel tab 600 mg (Biltricide)  
 BENZNIDAZOLE – benznidazole tab 100 mg  
 BENZNIDAZOLE – benznidazole tab 12.5 mg

### ANTIFUNGALS

fluconazole for susp 10 mg/ml (Diflucan)  
 fluconazole for susp 40 mg/ml (Diflucan)  
 fluconazole tab 100 mg (Diflucan)  
 fluconazole tab 150 mg (Diflucan)  
 fluconazole tab 200 mg (Diflucan)  
 fluconazole tab 50 mg (Diflucan)  
 flucytosine cap 250 mg (Ancobon)  
 flucytosine cap 500 mg (Ancobon)  
 griseofulvin microsize susp 125 mg/5ml  
 griseofulvin microsize tab 500 mg  
 itraconazole cap 100 mg (Sporanox)  
 itraconazole oral soln 10 mg/ml (Sporanox)  
 nystatin tab 500000 unit  
 posaconazole susp 40 mg/ml (Noxafil)  
 posaconazole tab delayed release 100 mg (Noxafil)  
 terbinafine hcl tab 250 mg  
 voriconazole for susp 40 mg/ml (Vfend)  
 voriconazole tab 200 mg (Vfend)  
 voriconazole tab 50 mg (Vfend)  
 NOXAFIL – posaconazole for delayed release susp packet 300 mg

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

## ANTI-INFECTIVE AGENTS - MISC

atovaquone susp 750 mg/5ml (Mepron)  
 clindamycin hcl cap 150 mg (Cleocin)  
 clindamycin hcl cap 300 mg (Cleocin)  
 clindamycin hcl cap 75 mg (Cleocin)  
 clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)  
 dapson tab 100 mg  
 dapson tab 25 mg  
 linezolid for susp 100 mg/5ml (Zyvox)  
 linezolid tab 600 mg (Zyvox)  
 metronidazole tab 250 mg  
 metronidazole tab 500 mg  
 nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)  
 nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)  
 nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)  
 nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)  
 nitrofurantoin susp 25 mg/5ml  
 pentamidine isethionate for nebulization soln 300 mg (Nebupent)  
 sulfamethoxazole-trimethoprim susp 200-40 mg/5ml  
 sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)  
 sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)  
 trimethoprim tab 100 mg  
 vancomycin hcl cap 125 mg (base equivalent) (Vancocin)  
 vancomycin hcl cap 250 mg (base equivalent) (Vancocin)  
 IMPAVIDO – miltefosine cap 50 mg  
 NITAZOXANIDE – nitazoxanide tab 500 mg  
 SIVEXTRO – tedizolid phosphate tab 200 mg  
 XIFAXAN – rifaximin tab 550 mg

## ANTIMALARIALS

atovaquone-proguanil hcl tab 250-100 mg (Malarone)  
 atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)  
 chloroquine phosphate tab 250 mg  
 chloroquine phosphate tab 500 mg  
 hydroxychloroquine sulfate tab 100 mg  
 hydroxychloroquine sulfate tab 200 mg (Plaquenil)  
 hydroxychloroquine sulfate tab 300 mg  
 hydroxychloroquine sulfate tab 400 mg  
 mefloquine hcl tab 250 mg  
 primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)  
 pyrimethamine tab 25 mg (Daraprim)

COARTEM – artemether-lumefantrine tab 20-120 mg  
 SOLOSEC – secnidazole granules packet 2 gm

## ANTIMYCOBACTERIAL AGENTS

ethambutol hcl tab 100 mg  
 ethambutol hcl tab 400 mg (Myambutol)  
 isoniazid syrup 50 mg/5ml  
 isoniazid tab 100 mg  
 isoniazid tab 300 mg  
 pyrazinamide tab 500 mg  
 rifabutin cap 150 mg (Mycobutin)  
 rifampin cap 150 mg  
 rifampin cap 300 mg  
 PRIFITIN – rifapentine tab 150 mg

## ANTIVIRALS

abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)  
 abacavir sulfate tab 300 mg (base equiv) (Ziagen)  
 abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)  
 acyclovir cap 200 mg  
 acyclovir susp 200 mg/5ml (Zovirax)  
 acyclovir tab 400 mg  
 acyclovir tab 800 mg  
 adefovir dipivoxil tab 10 mg (Hepsera)  
 atazanavir sulfate cap 150 mg (base equiv)  
 atazanavir sulfate cap 200 mg (base equiv) (Reyataz)  
 atazanavir sulfate cap 300 mg (base equiv) (Reyataz)  
 darunavir tab 600 mg (Prezista)  
 darunavir tab 800 mg (Prezista)  
 efavirenz tab 600 mg (Sustiva)  
 efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg  
 efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)  
 efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)  
 emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)  
 emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)  
 emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)  
 emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)  
 entecavir tab 0.5 mg (Baraclude)  
 entecavir tab 1 mg (Baraclude)  
 etravirine tab 100 mg (Intelence)  
 etravirine tab 200 mg (Intelence)  
 famciclovir tab 125 mg  
 famciclovir tab 250 mg

famciclovir tab 500 mg  
 lamivudine oral soln 10 mg/ml (Epivir)  
 lamivudine tab 100 mg (hbv) (Epivir hbv)  
 lamivudine tab 150 mg (Epivir)  
 lamivudine tab 300 mg (Epivir)  
 lamivudine-zidovudine tab 150-300 mg (Combivir)  
 lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)  
 lopinavir-ritonavir tab 100-25 mg (Kaletra)  
 lopinavir-ritonavir tab 200-50 mg (Kaletra)  
 nevirapine tab 200 mg  
 nevirapine tab er 24hr 400 mg  
 oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)  
 oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)  
 oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)  
 oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)  
 ritonavir tab 100 mg (Norvir)  
 tenofovir disoproxil fumarate tab 300 mg (Viread)  
 valacyclovir hcl tab 1 gm (Valtrex)  
 valacyclovir hcl tab 500 mg (Valtrex)  
 valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)  
 valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)  
 zidovudine cap 100 mg (Retrovir)  
 zidovudine syrup 10 mg/ml (Retrovir)  
 zidovudine tab 300 mg  
 APRETUDE – cabotegravir im extended release susp 600 mg/3ml  
 BARACLUDGE – entecavir oral soln 0.05 mg/ml  
 BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 30-120-15 mg  
 BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 50-200-25 mg  
 CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg  
 DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg  
 DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg  
 DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg  
 DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)  
 EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg  
 EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg  
 EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg  
 EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg  
 EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

GENVOYA – elvitegravir-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg  
 HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg  
 HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg  
 HARVONI – ledipasvir-sofosbuvir tab 45-200 mg  
 HARVONI – ledipasvir-sofosbuvir tab 90-400 mg  
 INTELENCE – etravirine tab 25 mg  
 ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)  
 ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)  
 ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)  
 ISENTRESS – raltegravir potassium tab 400 mg (base equiv)  
 ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)  
 JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)  
 LAGEVRIO – molnupiravir cap 200 mg  
 LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg  
 MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg  
 MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg  
 NEVIRAPINE – nevirapine susp 50 mg/5ml  
 NORVIR – ritonavir powder packet 100 mg  
 ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg  
 PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak  
 PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak  
 PEGASYS – peginterferon alfa-2a inj 180 mcg/ml  
 PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml  
 PREZCOBIX – darunavir-cobicistat tab 800-150 mg  
 PREZISTA – darunavir oral susp 100 mg/ml  
 PREZISTA – darunavir tab 150 mg  
 PREZISTA – darunavir tab 75 mg  
 RIBAVIRIN – ribavirin cap 200 mg  
 RIBAVIRIN – ribavirin tab 200 mg  
 SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg  
 SOVALDI – sofosbuvir pellet pack 150 mg  
 SOVALDI – sofosbuvir pellet pack 200 mg  
 SOVALDI – sofosbuvir tab 200 mg  
 SOVALDI – sofosbuvir tab 400 mg  
 SYMTUZA – darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg  
 TIVICAY – dolutegravir sodium tab 50 mg (base equiv)  
 TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)

TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg  
 TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg  
 VEMLIDY – tenofovir alafenamide fumarate tab 25 mg  
 VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm  
 VIREAD – tenofovir disoproxil fumarate tab 150 mg  
 VIREAD – tenofovir disoproxil fumarate tab 200 mg  
 VIREAD – tenofovir disoproxil fumarate tab 250 mg  
 VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg

## CEPHALOSPORINS

cefadroxil cap 500 mg  
 cefadroxil for susp 250 mg/5ml  
 cefadroxil for susp 500 mg/5ml  
 cefdinir cap 300 mg  
 cefdinir for susp 125 mg/5ml  
 cefdinir for susp 250 mg/5ml  
 cefixime cap 400 mg (Suprax)  
 cefixime for susp 100 mg/5ml  
 cefixime for susp 200 mg/5ml (Suprax)  
 cefpodoxime proxetil for susp 100 mg/5ml  
 cefpodoxime proxetil for susp 50 mg/5ml  
 cefpodoxime proxetil tab 100 mg  
 cefpodoxime proxetil tab 200 mg  
 cefprozil for susp 125 mg/5ml  
 cefprozil for susp 250 mg/5ml  
 cefprozil tab 250 mg  
 cefprozil tab 500 mg  
 cefuroxime axetil tab 250 mg  
 cefuroxime axetil tab 500 mg  
 cephalixin cap 250 mg  
 cephalixin cap 500 mg  
 cephalixin for susp 125 mg/5ml  
 cephalixin for susp 250 mg/5ml  
 CEFACTOR – cefaclor cap 250 mg  
 CEFACTOR – cefaclor cap 500 mg  
 CEFADROXIL – cefadroxil tab 1 gm

## FLUOROQUINOLONES

ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)  
 ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)  
 ciprofloxacin hcl tab 750 mg (base equiv)  
 levofloxacin oral soln 25 mg/ml  
 levofloxacin tab 250 mg  
 levofloxacin tab 500 mg  
 levofloxacin tab 750 mg  
 ofloxacin tab 400 mg

CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)

## MACROLIDES

azithromycin for susp 100 mg/5ml (Zithromax)  
 azithromycin for susp 200 mg/5ml (Zithromax)  
 azithromycin tab 250 mg (Zithromax)  
 azithromycin tab 500 mg (Zithromax)  
 azithromycin tab 600 mg  
 clarithromycin tab 250 mg  
 clarithromycin tab 500 mg  
 clarithromycin tab er 24hr 500 mg  
 CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml  
 CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml  
 DIFICID – fidaxomicin for susp 40 mg/ml  
 DIFICID – fidaxomicin tab 200 mg

## PENICILLINS

amoxicillin & k clavulanate for susp 200-28.5 mg/5ml  
 amoxicillin & k clavulanate for susp 250-62.5 mg/5ml  
 amoxicillin & k clavulanate for susp 400-57 mg/5ml  
 amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)  
 amoxicillin & k clavulanate tab 250-125 mg  
 amoxicillin & k clavulanate tab 500-125 mg (Augmentin)  
 amoxicillin & k clavulanate tab 875-125 mg  
 amoxicillin (trihydrate) cap 250 mg  
 amoxicillin (trihydrate) cap 500 mg  
 amoxicillin (trihydrate) for susp 125 mg/5ml  
 amoxicillin (trihydrate) for susp 200 mg/5ml  
 amoxicillin (trihydrate) for susp 250 mg/5ml  
 amoxicillin (trihydrate) for susp 400 mg/5ml  
 amoxicillin (trihydrate) tab 500 mg  
 amoxicillin (trihydrate) tab 875 mg  
 ampicillin cap 500 mg  
 dicloxacillin sodium cap 250 mg  
 dicloxacillin sodium cap 500 mg  
 penicillin v potassium tab 250 mg  
 penicillin v potassium tab 500 mg  
 AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg  
 AMOXICILLIN – amoxicillin (trihydrate) chew tab 250 mg  
 AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 400-57 mg  
 AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg  
 AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml  
 PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml

## TETRACYCLINES

demeclocycline hcl tab 150 mg  
 demeclocycline hcl tab 300 mg  
 doxycycline hyclate cap 100 mg (Vibramycin)  
 doxycycline hyclate cap 50 mg  
 doxycycline hyclate tab 100 mg  
 doxycycline hyclate tab 20 mg  
 doxycycline monohydrate cap 100 mg  
 doxycycline monohydrate cap 50 mg  
 doxycycline monohydrate tab 100 mg  
 doxycycline monohydrate tab 150 mg  
 doxycycline monohydrate tab 50 mg  
 doxycycline monohydrate tab 75 mg  
 minocycline hcl cap 100 mg  
 minocycline hcl cap 50 mg  
 minocycline hcl cap 75 mg  
 tetracycline hcl cap 250 mg  
 tetracycline hcl cap 500 mg

## ANTINEOPLASTIC AGENTS

### ANTINEOPLASTICS

abiraterone acetate tab 250 mg (Zytiga)  
 abiraterone acetate tab 500 mg (Zytiga)  
 anastrozole tab 1 mg (Arimidex)  
 bexarotene cap 75 mg (Targretin)  
 bicalutamide tab 50 mg (Casodex)  
 capecitabine tab 150 mg (Xeloda)  
 capecitabine tab 500 mg (Xeloda)  
 cyclophosphamide cap 25 mg (Cyclophosphamide)  
 cyclophosphamide cap 50 mg (Cyclophosphamide)  
 dasatinib tab 100 mg (Sprycel)  
 dasatinib tab 140 mg (Sprycel)  
 dasatinib tab 20 mg (Sprycel)  
 dasatinib tab 50 mg (Sprycel)  
 dasatinib tab 70 mg (Sprycel)  
 dasatinib tab 80 mg (Sprycel)  
 erlotinib hcl tab 100 mg (base equivalent) (Tarceva)  
 erlotinib hcl tab 150 mg (base equivalent) (Tarceva)  
 erlotinib hcl tab 25 mg (base equivalent) (Tarceva)  
 everolimus tab 10 mg (Afinitor)  
 everolimus tab 2.5 mg (Afinitor)  
 everolimus tab 5 mg (Afinitor)  
 everolimus tab 7.5 mg (Afinitor)  
 everolimus tab for oral susp 2 mg (Afinitor disperz)  
 everolimus tab for oral susp 3 mg (Afinitor disperz)  
 everolimus tab for oral susp 5 mg (Afinitor disperz)  
 exemestane tab 25 mg (Aromasin)  
 gefitinib tab 250 mg (Iressa)

hydroxyurea cap 500 mg (Hydrea)  
 imatinib mesylate tab 100 mg (base equivalent) (Gleevec)  
 imatinib mesylate tab 400 mg (base equivalent) (Gleevec)  
 lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)  
 letrozole tab 2.5 mg (Femara)  
 leucovorin calcium tab 15 mg  
 leucovorin calcium tab 25 mg  
 leucovorin calcium tab 5 mg  
 megestrol acetate susp 40 mg/ml  
 megestrol acetate tab 20 mg  
 megestrol acetate tab 40 mg  
 mercaptopurine tab 50 mg  
 methotrexate sodium tab 2.5 mg (base equiv)  
 nilutamide tab 150 mg (Nilandron)  
 pazopanib hcl tab 200 mg (base equiv) (Votrient)  
 sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)  
 sunitinib malate cap 12.5 mg (base equivalent) (Sutent)  
 sunitinib malate cap 25 mg (base equivalent) (Sutent)  
 sunitinib malate cap 37.5 mg (base equivalent) (Sutent)  
 sunitinib malate cap 50 mg (base equivalent) (Sutent)  
 tamoxifen citrate tab 10 mg (base equivalent)  
 tamoxifen citrate tab 20 mg (base equivalent)  
 temozolomide cap 100 mg  
 temozolomide cap 140 mg  
 temozolomide cap 180 mg  
 temozolomide cap 20 mg  
 temozolomide cap 250 mg (Temodar)  
 temozolomide cap 5 mg  
 toremifene citrate tab 60 mg (base equivalent) (Fareston)  
 tretinoin cap 10 mg  
 ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)  
 ALECENSA – alectinib hcl cap 150 mg (base equivalent)  
 ALUNBRIG – brigatinib tab 180 mg  
 ALUNBRIG – brigatinib tab 30 mg  
 ALUNBRIG – brigatinib tab 90 mg  
 ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg  
 AYWAKIT – avapritinib tab 100 mg  
 AYWAKIT – avapritinib tab 200 mg  
 AYWAKIT – avapritinib tab 25 mg  
 AYWAKIT – avapritinib tab 300 mg  
 AYWAKIT – avapritinib tab 50 mg  
 BOSULIF – bosutinib cap 100 mg  
 BOSULIF – bosutinib cap 50 mg

BOSULIF – bosutinib tab 100 mg  
 BOSULIF – bosutinib tab 400 mg  
 BOSULIF – bosutinib tab 500 mg  
 BRUKINSA – zanubrutinib cap 80 mg  
 CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)  
 CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)  
 CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)  
 CALQUENCE – acalabrutinib maleate tab 100 mg  
 CAPRELSA – vandetanib tab 100 mg  
 CAPRELSA – vandetanib tab 300 mg  
 COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit  
 COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit  
 COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit  
 COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)  
 ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg  
 ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg  
 ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg  
 ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg  
 ERIVEDGE – vismodegib cap 150 mg  
 ERLEADA – apalutamide tab 240 mg  
 ERLEADA – apalutamide tab 60 mg  
 ETOPOSIDE – etoposide cap 50 mg  
 GILOTTRIF – afatinib dimaleate tab 20 mg (base equivalent)  
 GILOTTRIF – afatinib dimaleate tab 30 mg (base equivalent)  
 GILOTTRIF – afatinib dimaleate tab 40 mg (base equivalent)  
 GLEOSTINE – lomustine cap 10 mg  
 GLEOSTINE – lomustine cap 100 mg  
 GLEOSTINE – lomustine cap 40 mg  
 HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)  
 HYCAMTIN – topotecan hcl cap 1 mg (base equiv)  
 IBRANCE – palbociclib cap 100 mg  
 IBRANCE – palbociclib cap 125 mg  
 IBRANCE – palbociclib cap 75 mg  
 IBRANCE – palbociclib tab 100 mg  
 IBRANCE – palbociclib tab 125 mg  
 IBRANCE – palbociclib tab 75 mg  
 ICLUSIG – ponatinib hcl tab 10 mg (base equiv)  
 ICLUSIG – ponatinib hcl tab 15 mg (base equiv)  
 ICLUSIG – ponatinib hcl tab 30 mg (base equiv)  
 ICLUSIG – ponatinib hcl tab 45 mg (base equiv)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

IMBRUVICA – ibrutinib cap 140 mg	NINLARO – ixazomib citrate cap 3 mg (base equivalent)	TALZENNA – talazoparib tosylate cap 0.75 mg (base equivalent)
IMBRUVICA – ibrutinib cap 70 mg	NINLARO – ixazomib citrate cap 4 mg (base equivalent)	TALZENNA – talazoparib tosylate cap 1 mg (base equivalent)
IMBRUVICA – ibrutinib oral susp 70 mg/ml	NUBEQA – darolutamide tab 300 mg	TASIGNA – nilotinib hcl cap 150 mg (base equivalent)
IMBRUVICA – ibrutinib tab 140 mg	ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	TASIGNA – nilotinib hcl cap 200 mg (base equivalent)
IMBRUVICA – ibrutinib tab 280 mg	PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	TASIGNA – nilotinib hcl cap 50 mg (base equivalent)
IMBRUVICA – ibrutinib tab 420 mg	PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	TIBSOVO – ivosidenib tab 250 mg
INLYTA – axitinib tab 1 mg	PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	VENCLEXTA – venetoclax tab 10 mg
INLYTA – axitinib tab 5 mg	POMALYST – pomalidomide cap 1 mg	VENCLEXTA – venetoclax tab 100 mg
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)	POMALYST – pomalidomide cap 2 mg	VENCLEXTA – venetoclax tab 50 mg
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)	POMALYST – pomalidomide cap 3 mg	VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)	POMALYST – pomalidomide cap 4 mg	VERZENIO – abemaciclib tab 100 mg
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)	PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	VERZENIO – abemaciclib tab 150 mg
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)	RETEVMO – selpercatinib tab 120 mg	VERZENIO – abemaciclib tab 200 mg
KISQALI – ribociclib succinate tab pack 200 mg daily dose	RETEVMO – selpercatinib tab 160 mg	VERZENIO – abemaciclib tab 50 mg
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	RETEVMO – selpercatinib tab 40 mg	VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	RETEVMO – selpercatinib tab 80 mg	VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	ROZLYTREK – entrectinib cap 100 mg	VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	ROZLYTREK – entrectinib cap 200 mg	VORANIGO – vorasidenib tab 10 mg
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	ROZLYTREK – entrectinib pellet pack 50 mg	VORANIGO – vorasidenib tab 40 mg
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)	XALKORI – crizotinib cap 200 mg
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)	XALKORI – crizotinib cap 250 mg
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)	XALKORI – crizotinib cap sprinkle 150 mg
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	RYDAPT – midostaurin cap 25 mg	XALKORI – crizotinib cap sprinkle 20 mg
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	XALKORI – crizotinib cap sprinkle 50 mg
LEUKERAN – chlorambucil tab 2 mg	STIVARGA – regorafenib tab 40 mg	XTANDI – enzalutamide cap 40 mg
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	TABLOID – thioguanine tab 40 mg	XTANDI – enzalutamide tab 40 mg
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	TABRECTA – capmatinib hcl tab 150 mg	XTANDI – enzalutamide tab 80 mg
LYNPARZA – olaparib tab 100 mg	TABRECTA – capmatinib hcl tab 200 mg	YONSA – abiraterone acetate micronized tab 125 mg
LYNPARZA – olaparib tab 150 mg	TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	ZEJULA – niraparib tosylate tab 100 mg (base equivalent)
LYSODREN – mitotane tab 500 mg	TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	ZEJULA – niraparib tosylate tab 200 mg (base equivalent)
MATULANE – procarbazine hcl cap 50 mg	TAFINLAR – dabrafenib mesylate tab for oral susp 10 mg (base equiv)	ZEJULA – niraparib tosylate tab 300 mg (base equivalent)
MEKINIST – trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	TAGRISSEO – osimertinib mesylate tab 40 mg (base equivalent)	ZELBORAF – vemurafenib tab 240 mg
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	TAGRISSEO – osimertinib mesylate tab 80 mg (base equivalent)	ZOLINZA – vorinostat cap 100 mg
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	TALZENNA – talazoparib tosylate cap 0.1 mg (base equivalent)	ZYDELIG – idelalisib tab 100 mg
MESNEX – mesna tab 400 mg	TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	ZYDELIG – idelalisib tab 150 mg
MYLERAN – busulfan tab 2 mg	TALZENNA – talazoparib tosylate cap 0.35 mg (base equivalent)	ZYKADIA – ceritinib tab 150 mg
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)	TALZENNA – talazoparib tosylate cap 0.5 mg (base equivalent)	

## BIOLOGICALS

### TOXOIDS

ADACEL – tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-if-mcg/0.5ml

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

BOOSTRIX – tet-diph-acell pertuss ad pref syr 5-2.5 -18.5 lf-mcg/0.5ml  
 DAPTACEL – diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml  
 INFANRIX – diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml  
 KINRIX – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml  
 PEDIARIX – diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr  
 PENTACEL – diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp  
 QUADRACEL – diph-tetanus tox ad-acell pert & polio virus, ipv vac inj  
 QUADRACEL – diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml  
 TDVAX – tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml  
 TENIVAC – tetanus-diphtheria toxoids (td) inj 5-2 lf  
 VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr  
 VAXELIS – diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp

FLULAVAL 2024-2025 – influenza virus vaccine split pf susp pref syringe 0.5 ml  
 FLUMIST NASAL VACCINE 202 – influenza virus vaccine live intranasal liquid  
 FLUZONE 2024-2025 – influenza virus vaccine split im susp  
 FLUZONE 2024-2025 – influenza virus vaccine split pf susp pref syringe 0.5 ml  
 FLUZONE HIGH-DOSE 2024-20 – influenza virus vac split high-dose pf susp pref syr 0.5ml  
 GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac im susp  
 GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac susp pref syr  
 HAVRIX – hepatitis a vaccine inj susp 1440 el unit/ml  
 HAVRIX – hepatitis a vaccine inj susp 720 el unit/0.5ml  
 HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml  
 HIBERIX – haemophilus b polysaccharide conjugate vac for inj 10 mcg  
 IPOL INACTIVATED IPV – poliovirus vaccine, ipv injection  
 JYNNEOS – smallpox & monkeypox vac, live, non-replicating inj 0.5 ml  
 MENQUADFI – meningococcal (a, c, y, and w-135) tetanus conjugate vaccine  
 MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac for inj  
 MENVEO – meningococcal (a, c, y, and w-135) oligo conj vac im soln  
 M-M-R II – measles-mumps-rubella virus vaccines for inj soln  
 MODERNA COVID-19 VACCINE – covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml  
 MRESVIA – rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml  
 NOVAVAX COVID-19 VACCINE/ – covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml  
 PEDVAX HIB – haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml  
 PENBRAYA – meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj  
 PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml  
 PFIZER-BIONTECH COVID-19 – covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml  
 PNEUMOVAX 23 – pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml  
 PREVVAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml  
 PRIORIX – measles-mumps-rubella virus vaccines for subcutaneous susp  
 PROQUAD – measles-mumps-rubella-varicella virus vaccines for susp  
 RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 10 mcg/ml

RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 40 mcg/ml  
 RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml  
 RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml  
 RECOMBIVAX HB – hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml  
 ROTARIX – rotavirus vaccine, live oral susp  
 ROTATEQ – rotavirus vaccine, live oral pentavalent soln  
 SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml  
 SPIKEVAX COVID-19 VACCINE – covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml  
 TRUMENBA – meningococcal group b vac (recomb) im susp prefilled syr  
 TWINRIX – hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml  
 VAQTA – hepatitis a vaccine inj susp 25 unit/0.5ml  
 VAQTA – hepatitis a vaccine inj susp 50 unit/ml  
 VARIVAX – varicella virus vac live for inj 1350 pfu/0.5ml  
 VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml

## VACCINES

ABRYSVO – rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml  
 ACTHIB – haemophilus b polysaccharide conjugate vaccine for inj  
 AFLURIA 2024-2025 – influenza virus vaccine split im susp  
 AFLURIA 2024-2025 – influenza virus vaccine split pf susp pref syringe 0.5 ml  
 AREXVY – rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml  
 BEXSERO – meningococcal vac b (recomb omv adjuv) inj prefilled syringe  
 CAPVAXINE – pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml  
 COMIRNATY 2024-25 – covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml  
 ENGERIX-B – hepatitis b vaccine (recombinant) susp 20 mcg/ml  
 ENGERIX-B – hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml  
 ENGERIX-B – hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml  
 FLUAD 2024-2025 – influenza vac type a&b surface ant adj susp pref syr 0.5 ml  
 FLUARIX 2024-2025 – influenza virus vaccine split pf susp pref syringe 0.5 ml  
 FLUBLOK 2024-2025 – influenza virus vacc recombinant ha pf soln pref syr 0.5 ml  
 FLUCELVAX 2024-2025 – influenza virus vac tiss-cult subunit im susp  
 FLUCELVAX 2024-2025 – influenza virus vac tiss-cult subunit susp pref syr 0.5 ml

## CARDIOVASCULAR AGENTS

### ANTIANGINAL AGENTS

isosorbide dinitrate tab 10 mg  
 isosorbide dinitrate tab 20 mg  
 isosorbide dinitrate tab 30 mg  
 isosorbide dinitrate tab 5 mg (Isordil titradose)  
 isosorbide mononitrate tab er 24hr 120 mg  
 isosorbide mononitrate tab er 24hr 30 mg  
 isosorbide mononitrate tab er 24hr 60 mg  
 nitroglycerin sl tab 0.3 mg (Nitrostat)  
 nitroglycerin sl tab 0.4 mg (Nitrostat)  
 nitroglycerin sl tab 0.6 mg (Nitrostat)  
 nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)  
 nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)  
 nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)  
 nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)  
 ISOSORBIDE MONONITRATE – isosorbide mononitrate tab 10 mg  
 ISOSORBIDE MONONITRATE – isosorbide mononitrate tab 20 mg  
 NITRO-BID – nitroglycerin oint 2%

### ANTIARRHYTHMICS

amiodarone hcl tab 100 mg  
 amiodarone hcl tab 200 mg  
 disopyramide phosphate cap 100 mg (Norpace)  
 disopyramide phosphate cap 150 mg (Norpace)  
 flecainide acetate tab 100 mg

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

flecainide acetate tab 150 mg  
 flecainide acetate tab 50 mg  
 mexiletine hcl cap 150 mg  
 mexiletine hcl cap 200 mg  
 mexiletine hcl cap 250 mg  
 propafenone hcl cap er 12hr 225 mg (Rythmol sr)  
 propafenone hcl cap er 12hr 325 mg (Rythmol sr)  
 propafenone hcl cap er 12hr 425 mg (Rythmol sr)  
 propafenone hcl tab 150 mg  
 propafenone hcl tab 225 mg  
 propafenone hcl tab 300 mg  
 quinidine gluconate tab er 324 mg  
 MULTAQ – dronedarone hcl tab 400 mg (base equivalent)  
 QUINIDINE SULFATE – quinidine sulfate tab 200 mg  
 QUINIDINE SULFATE – quinidine sulfate tab 300 mg

niacin tab er 500 mg (antihyperlipidemic) (Niaspan)  
 niacin tab er 750 mg (antihyperlipidemic) (Niaspan)  
 pravastatin sodium tab 10 mg  
 pravastatin sodium tab 20 mg  
 pravastatin sodium tab 40 mg  
 pravastatin sodium tab 80 mg  
 rosuvastatin calcium tab 10 mg (Crestor)  
 rosuvastatin calcium tab 20 mg (Crestor)  
 rosuvastatin calcium tab 40 mg (Crestor)  
 rosuvastatin calcium tab 5 mg (Crestor)  
 simvastatin tab 10 mg (Zocor)  
 simvastatin tab 20 mg (Zocor)  
 simvastatin tab 40 mg (Zocor)  
 simvastatin tab 5 mg  
 simvastatin tab 80 mg  
 NEXLETOL – bempedoic acid tab 180 mg  
 NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg  
 REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml  
 REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml  
 REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml

atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)  
 atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)  
 benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)  
 benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)  
 benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)  
 benazepril & hydrochlorothiazide tab 5-6.25 mg  
 benazepril hcl tab 10 mg (Lotensin)  
 benazepril hcl tab 20 mg (Lotensin)  
 benazepril hcl tab 40 mg (Lotensin)  
 benazepril hcl tab 5 mg  
 bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)  
 bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)  
 bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)  
 candesartan cilexetil tab 16 mg (Atacand)  
 candesartan cilexetil tab 32 mg (Atacand)  
 candesartan cilexetil tab 4 mg (Atacand)  
 candesartan cilexetil tab 8 mg (Atacand)  
 candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)  
 candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)  
 candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)  
 captopril tab 100 mg  
 captopril tab 12.5 mg  
 captopril tab 25 mg  
 captopril tab 50 mg  
 clonidine hcl tab 0.1 mg  
 clonidine hcl tab 0.2 mg  
 clonidine hcl tab 0.3 mg  
 clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)  
 clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)  
 clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)  
 doxazosin mesylate tab 1 mg (Cardura)  
 doxazosin mesylate tab 2 mg (Cardura)  
 doxazosin mesylate tab 4 mg (Cardura)  
 doxazosin mesylate tab 8 mg (Cardura)  
 enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)  
 enalapril maleate & hydrochlorothiazide tab 5-12.5 mg  
 enalapril maleate tab 10 mg (Vasotec)  
 enalapril maleate tab 2.5 mg (Vasotec)  
 enalapril maleate tab 20 mg (Vasotec)  
 enalapril maleate tab 5 mg (Vasotec)

## ANTHYPERLIPIDEMICS

atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)  
 atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)  
 atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)  
 atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)  
 cholestyramine light powder 4 gm/dose (Questran light)  
 cholestyramine powder 4 gm/dose (Questran)  
 colesevelam hcl tab 625 mg (Welchol)  
 colestipol hcl granule packets 5 gm (Colestid flavored)  
 colestipol hcl granules 5 gm (Colestid flavored)  
 colestipol hcl tab 1 gm (Colestid)  
 ezetimibe tab 10 mg (Zetia)  
 ezetimibe-simvastatin tab 10-10 mg (Vytorin)  
 ezetimibe-simvastatin tab 10-20 mg (Vytorin)  
 ezetimibe-simvastatin tab 10-40 mg (Vytorin)  
 ezetimibe-simvastatin tab 10-80 mg (Vytorin)  
 fenofibrate micronized cap 134 mg  
 fenofibrate micronized cap 200 mg  
 fenofibrate micronized cap 67 mg  
 fenofibrate tab 145 mg (Tricor)  
 fenofibrate tab 160 mg  
 fenofibrate tab 48 mg (Tricor)  
 fenofibrate tab 54 mg  
 gemfibrozil tab 600 mg (Lopid)  
 lovastatin tab 10 mg  
 lovastatin tab 20 mg  
 lovastatin tab 40 mg  
 niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)

## ANTHYPERTENSIVES

amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)  
 amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)  
 amlodipine besylate-benazepril hcl cap 2.5-10 mg  
 amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)  
 amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)  
 amlodipine besylate-benazepril hcl cap 5-40 mg  
 amlodipine besylate-valsartan tab 10-160 mg (Exforge)  
 amlodipine besylate-valsartan tab 10-320 mg (Exforge)  
 amlodipine besylate-valsartan tab 5-160 mg (Exforge)  
 amlodipine besylate-valsartan tab 5-320 mg (Exforge)  
 amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)  
 amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)  
 amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)  
 amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)  
 amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

eplerenone tab 25 mg (Inspra)  
 eplerenone tab 50 mg (Inspra)  
 fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg  
 fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg  
 fosinopril sodium tab 10 mg  
 fosinopril sodium tab 20 mg  
 fosinopril sodium tab 40 mg  
 guanfacine hcl tab 1 mg  
 guanfacine hcl tab 2 mg  
 hydralazine hcl tab 10 mg  
 hydralazine hcl tab 100 mg  
 hydralazine hcl tab 25 mg  
 hydralazine hcl tab 50 mg  
 irbesartan tab 150 mg (Avapro)  
 irbesartan tab 300 mg (Avapro)  
 irbesartan tab 75 mg (Avapro)  
 irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)  
 irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)  
 lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)  
 lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)  
 lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)  
 lisinopril tab 10 mg (Zestril)  
 lisinopril tab 2.5 mg (Zestril)  
 lisinopril tab 20 mg (Zestril)  
 lisinopril tab 30 mg (Zestril)  
 lisinopril tab 40 mg (Zestril)  
 lisinopril tab 5 mg (Zestril)  
 losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)  
 losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)  
 losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)  
 losartan potassium tab 100 mg (Cozaar)  
 losartan potassium tab 25 mg (Cozaar)  
 losartan potassium tab 50 mg (Cozaar)  
 metoprolol & hydrochlorothiazide tab 100-25 mg  
 metoprolol & hydrochlorothiazide tab 100-50 mg  
 metoprolol & hydrochlorothiazide tab 50-25 mg  
 minoxidil tab 10 mg  
 minoxidil tab 2.5 mg  
 moexipril hcl tab 15 mg  
 moexipril hcl tab 7.5 mg  
 olmesartan medoxomil tab 20 mg (Benicar)  
 olmesartan medoxomil tab 40 mg (Benicar)  
 olmesartan medoxomil tab 5 mg (Benicar)

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)  
 olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)  
 olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)  
 perindopril erbumine tab 4 mg  
 phenoxybenzamine hcl cap 10 mg (Dibenzyline)  
 prazosin hcl cap 1 mg (Minipress)  
 prazosin hcl cap 2 mg (Minipress)  
 prazosin hcl cap 5 mg (Minipress)  
 quinapril hcl tab 10 mg (Accupril)  
 quinapril hcl tab 20 mg (Accupril)  
 quinapril hcl tab 40 mg (Accupril)  
 quinapril hcl tab 5 mg (Accupril)  
 quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)  
 quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)  
 ramipril cap 1.25 mg (Altace)  
 ramipril cap 10 mg (Altace)  
 ramipril cap 2.5 mg (Altace)  
 ramipril cap 5 mg (Altace)  
 telmisartan tab 20 mg (Micardis)  
 telmisartan tab 40 mg (Micardis)  
 telmisartan tab 80 mg (Micardis)  
 terazosin hcl cap 1 mg (base equivalent)  
 terazosin hcl cap 10 mg (base equivalent)  
 terazosin hcl cap 2 mg (base equivalent)  
 terazosin hcl cap 5 mg (base equivalent)  
 trandolapril tab 1 mg  
 trandolapril tab 2 mg  
 trandolapril tab 4 mg  
 valsartan tab 160 mg (Diovan)  
 valsartan tab 320 mg (Diovan)  
 valsartan tab 40 mg (Diovan)  
 valsartan tab 80 mg (Diovan)  
 valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)  
 valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)  
 valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)  
 valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)  
 valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)  
 METHYLDOPA – methyl dopa tab 250 mg  
 METHYLDOPA – methyl dopa tab 500 mg  
 PERINDOPRIL ERBUMINE – perindopril erbumine tab 2 mg  
 PERINDOPRIL ERBUMINE – perindopril erbumine tab 8 mg

QUINAPRIL/HYDROCHLOROTHIA – quinapril-hydrochlorothiazide tab 20-25 mg

## BETA BLOCKERS

acebutolol hcl cap 200 mg  
 acebutolol hcl cap 400 mg  
 atenolol tab 100 mg (Tenormin)  
 atenolol tab 25 mg (Tenormin)  
 atenolol tab 50 mg (Tenormin)  
 bisoprolol fumarate tab 10 mg  
 bisoprolol fumarate tab 5 mg  
 carvedilol tab 12.5 mg (Coreg)  
 carvedilol tab 25 mg (Coreg)  
 carvedilol tab 3.125 mg (Coreg)  
 carvedilol tab 6.25 mg (Coreg)  
 labetalol hcl tab 100 mg  
 labetalol hcl tab 200 mg  
 labetalol hcl tab 300 mg  
 metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)  
 metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)  
 metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)  
 metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)  
 metoprolol tartrate tab 100 mg (Lopressor)  
 metoprolol tartrate tab 25 mg  
 metoprolol tartrate tab 50 mg (Lopressor)  
 nadolol tab 20 mg (Corgard)  
 nadolol tab 40 mg (Corgard)  
 nadolol tab 80 mg (Corgard)  
 pindolol tab 10 mg  
 pindolol tab 5 mg  
 propranolol hcl cap er 24hr 120 mg (Inderal la)  
 propranolol hcl cap er 24hr 160 mg (Inderal la)  
 propranolol hcl cap er 24hr 60 mg (Inderal la)  
 propranolol hcl cap er 24hr 80 mg (Inderal la)  
 propranolol hcl oral soln 20 mg/5ml  
 propranolol hcl tab 10 mg  
 propranolol hcl tab 20 mg  
 propranolol hcl tab 40 mg  
 propranolol hcl tab 60 mg  
 propranolol hcl tab 80 mg  
 sotalol hcl (afib/af) tab 120 mg (Betapace af)  
 sotalol hcl (afib/af) tab 160 mg (Betapace af)  
 sotalol hcl (afib/af) tab 80 mg (Betapace af)  
 sotalol hcl tab 120 mg (Betapace)  
 sotalol hcl tab 160 mg (Betapace)  
 sotalol hcl tab 240 mg  
 sotalol hcl tab 80 mg (Betapace)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml

verapamil hcl tab 80 mg  
 verapamil hcl tab er 120 mg (Calan sr)  
 verapamil hcl tab er 180 mg (Calan sr)  
 verapamil hcl tab er 240 mg (Calan sr)

## DIURETICS

acetazolamide cap er 12hr 500 mg  
 acetazolamide tab 125 mg  
 acetazolamide tab 250 mg  
 amiloride hcl tab 5 mg  
 bumetanide tab 0.5 mg (Bumex)  
 bumetanide tab 1 mg  
 bumetanide tab 2 mg  
 chlorthalidone tab 25 mg  
 chlorthalidone tab 50 mg  
 furosemide oral soln 10 mg/ml  
 furosemide tab 20 mg (Lasix)  
 furosemide tab 40 mg (Lasix)  
 furosemide tab 80 mg (Lasix)  
 hydrochlorothiazide cap 12.5 mg  
 hydrochlorothiazide tab 12.5 mg  
 hydrochlorothiazide tab 25 mg  
 hydrochlorothiazide tab 50 mg  
 indapamide tab 1.25 mg  
 indapamide tab 2.5 mg  
 methazolamide tab 25 mg  
 methazolamide tab 50 mg  
 metolazone tab 10 mg  
 metolazone tab 2.5 mg  
 metolazone tab 5 mg  
 spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)  
 spironolactone tab 100 mg (Aldactone)  
 spironolactone tab 25 mg (Aldactone)  
 spironolactone tab 50 mg (Aldactone)  
 torsemide tab 10 mg  
 torsemide tab 100 mg  
 torsemide tab 20 mg  
 torsemide tab 5 mg  
 triamterene & hydrochlorothiazide cap 37.5-25 mg  
 triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)  
 triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)  
 AMILORIDE/HYDROCHLOROTHIA – amiloride & hydrochlorothiazide tab 5-50 mg

## CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 10 mg (base equivalent) (Norvasc)  
 amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)  
 amlodipine besylate tab 5 mg (base equivalent) (Norvasc)  
 diltiazem hcl cap er 24hr 120 mg  
 diltiazem hcl cap er 24hr 180 mg  
 diltiazem hcl cap er 24hr 240 mg  
 diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)  
 diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)  
 diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)  
 diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)  
 diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)  
 diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)  
 diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)  
 diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)  
 diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)  
 diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)  
 diltiazem hcl tab 120 mg (Cardizem)  
 diltiazem hcl tab 30 mg (Cardizem)  
 diltiazem hcl tab 60 mg (Cardizem)  
 diltiazem hcl tab 90 mg  
 felodipine tab er 24hr 10 mg  
 felodipine tab er 24hr 2.5 mg  
 felodipine tab er 24hr 5 mg  
 nifedipine tab er 24hr 30 mg  
 nifedipine tab er 24hr 60 mg  
 nifedipine tab er 24hr 90 mg  
 nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)  
 nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)  
 nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)  
 nimodipine cap 30 mg  
 verapamil hcl cap er 24hr 120 mg (Verelan)  
 verapamil hcl cap er 24hr 180 mg (Verelan)  
 verapamil hcl cap er 24hr 240 mg (Verelan)  
 verapamil hcl tab 120 mg  
 verapamil hcl tab 40 mg

## CARDIOTONICS

digoxin oral soln 0.05 mg/ml (Digoxin)  
 digoxin tab 125 mcg (0.125 mg) (Lanoxin)  
 digoxin tab 250 mcg (0.25 mg) (Lanoxin)

## CARDIOVASCULAR AGENTS - MISC

ambrisentan tab 10 mg (Letairis)  
 ambrisentan tab 5 mg (Letairis)  
 bosentan tab 125 mg (Tracleer)  
 bosentan tab 62.5 mg (Tracleer)  
 ivabradine hcl tab 5 mg (base equiv) (Corlanor)  
 ivabradine hcl tab 7.5 mg (base equiv) (Corlanor)  
 sildenafil citrate tab 20 mg (Revatio)  
 tadalafil tab 10 mg (Cialis)  
 tadalafil tab 2.5 mg (Cialis)  
 tadalafil tab 20 mg (Cialis)  
 tadalafil tab 20 mg (pah) (Adcirca)  
 tadalafil tab 5 mg (Cialis)  
 CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)  
 ENTRESTO – sacubitril-valsartan sprinkle cap 15-16 mg  
 ENTRESTO – sacubitril-valsartan sprinkle cap 6-6 mg  
 ENTRESTO – sacubitril-valsartan tab 24-26 mg  
 ENTRESTO – sacubitril-valsartan tab 49-51 mg  
 ENTRESTO – sacubitril-valsartan tab 97-103 mg  
 OPSUMIT – macitentan tab 10 mg  
 TRACLEER – bosentan tab for oral susp 32 mg  
 UPTRAVI – selexipag tab 1000 mcg  
 UPTRAVI – selexipag tab 1200 mcg  
 UPTRAVI – selexipag tab 1400 mcg  
 UPTRAVI – selexipag tab 1600 mcg  
 UPTRAVI – selexipag tab 200 mcg  
 UPTRAVI – selexipag tab 400 mcg  
 UPTRAVI – selexipag tab 600 mcg  
 UPTRAVI – selexipag tab 800 mcg  
 UPTRAVI TITRATION PACK – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)  
 VERQUOVO – vericiguat tab 10 mg  
 VERQUOVO – vericiguat tab 2.5 mg  
 VERQUOVO – vericiguat tab 5 mg  
 VYNDAMAX – tafamidis cap 61 mg  
 VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg

## VASOPRESSORS

epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)  
 epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)  
 midodrine hcl tab 10 mg  
 midodrine hcl tab 2.5 mg  
 midodrine hcl tab 5 mg  
 AUVI-Q – epinephrine solution auto-injector 0.1 mg/0.1ml

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

AUVI-Q – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)

AUVI-Q – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)

## CENTRAL NERVOUS SYSTEM DRUGS

### ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)  
 amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)  
 amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)  
 amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)  
 amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)  
 amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)  
 amphetamine-dextroamphetamine tab 10 mg (Adderall)  
 amphetamine-dextroamphetamine tab 12.5 mg (Adderall)  
 amphetamine-dextroamphetamine tab 15 mg (Adderall)  
 amphetamine-dextroamphetamine tab 20 mg (Adderall)  
 amphetamine-dextroamphetamine tab 30 mg (Adderall)  
 amphetamine-dextroamphetamine tab 5 mg (Adderall)  
 amphetamine-dextroamphetamine tab 7.5 mg (Adderall)  
 armodafinil tab 150 mg (Nuvigil)  
 armodafinil tab 200 mg (Nuvigil)  
 armodafinil tab 250 mg (Nuvigil)  
 armodafinil tab 50 mg (Nuvigil)  
 atomoxetine hcl cap 10 mg (base equiv) (Strattera)  
 atomoxetine hcl cap 100 mg (base equiv) (Strattera)  
 atomoxetine hcl cap 18 mg (base equiv) (Strattera)  
 atomoxetine hcl cap 25 mg (base equiv) (Strattera)  
 atomoxetine hcl cap 40 mg (base equiv) (Strattera)  
 atomoxetine hcl cap 60 mg (base equiv) (Strattera)  
 atomoxetine hcl cap 80 mg (base equiv) (Strattera)  
 caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)  
 dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)  
 dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)  
 dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)  
 dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)

dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)  
 dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)  
 dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)  
 dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)  
 dexmethylphenidate hcl tab 10 mg (Focalin)  
 dexmethylphenidate hcl tab 2.5 mg (Focalin)  
 dexmethylphenidate hcl tab 5 mg (Focalin)  
 dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)  
 dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)  
 dextroamphetamine sulfate cap er 24hr 5 mg  
 dextroamphetamine sulfate tab 10 mg  
 dextroamphetamine sulfate tab 5 mg  
 guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)  
 guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)  
 guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)  
 guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)  
 lisdexamfetamine dimesylate cap 10 mg (Vyvanse)  
 lisdexamfetamine dimesylate cap 20 mg (Vyvanse)  
 lisdexamfetamine dimesylate cap 30 mg (Vyvanse)  
 lisdexamfetamine dimesylate cap 40 mg (Vyvanse)  
 lisdexamfetamine dimesylate cap 50 mg (Vyvanse)  
 lisdexamfetamine dimesylate cap 60 mg (Vyvanse)  
 lisdexamfetamine dimesylate cap 70 mg (Vyvanse)  
 lisdexamfetamine dimesylate chew tab 10 mg (Vyvanse)  
 lisdexamfetamine dimesylate chew tab 20 mg (Vyvanse)  
 lisdexamfetamine dimesylate chew tab 30 mg (Vyvanse)  
 lisdexamfetamine dimesylate chew tab 40 mg (Vyvanse)  
 lisdexamfetamine dimesylate chew tab 50 mg (Vyvanse)  
 lisdexamfetamine dimesylate chew tab 60 mg (Vyvanse)  
 methylphenidate hcl tab 10 mg (Ritalin)  
 methylphenidate hcl tab 20 mg (Ritalin)  
 methylphenidate hcl tab 5 mg (Ritalin)  
 methylphenidate hcl tab er 10 mg  
 methylphenidate hcl tab er 20 mg  
 methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)  
 methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)  
 methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)

methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)  
 modafinil tab 100 mg (Provigil)  
 modafinil tab 200 mg (Provigil)  
 AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg  
 AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg  
 AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg  
 SAXENDA – liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)  
 SUNOSI – solriamfetol hcl tab 150 mg (base equiv)  
 SUNOSI – solriamfetol hcl tab 75 mg (base equiv)  
 WEGOVY – semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml  
 WEGOVY – semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml  
 WEGOVY – semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml  
 WEGOVY – semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml  
 WEGOVY – semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml  
 ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 10 mg/0.5ml  
 ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 12.5 mg/0.5ml  
 ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 15 mg/0.5ml  
 ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml  
 ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml  
 ZEPBOUND – tirzepatide (weight mngmt) soln auto-injector 7.5 mg/0.5ml

### ANTI-ANXIETY AGENTS

alprazolam tab 0.25 mg (Xanax)  
 alprazolam tab 0.5 mg (Xanax)  
 alprazolam tab 1 mg (Xanax)  
 alprazolam tab 2 mg (Xanax)  
 alprazolam tab er 24hr 0.5 mg (Xanax xr)  
 alprazolam tab er 24hr 1 mg (Xanax xr)  
 alprazolam tab er 24hr 2 mg (Xanax xr)  
 alprazolam tab er 24hr 3 mg (Xanax xr)  
 buspirone hcl tab 10 mg  
 buspirone hcl tab 15 mg  
 buspirone hcl tab 30 mg  
 buspirone hcl tab 5 mg  
 diazepam oral soln 1 mg/ml  
 diazepam tab 10 mg (Valium)  
 diazepam tab 2 mg (Valium)  
 diazepam tab 5 mg (Valium)  
 hydroxyzine hcl syrup 10 mg/5ml

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

hydroxyzine hcl tab 10 mg  
 hydroxyzine hcl tab 25 mg  
 hydroxyzine hcl tab 50 mg  
 hydroxyzine pamoate cap 25 mg (Vistaril)  
 hydroxyzine pamoate cap 50 mg (Vistaril)  
 lorazepam conc 2 mg/ml  
 lorazepam tab 0.5 mg (Ativan)  
 lorazepam tab 1 mg (Ativan)  
 lorazepam tab 2 mg (Ativan)  
 HYDROXYZINE PAMOATE – hydroxyzine pamoate cap 100 mg

doxepin hcl conc 10 mg/ml  
 duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)  
 duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)  
 duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)  
 escitalopram oxalate soln 5 mg/5ml (base equiv)  
 escitalopram oxalate tab 10 mg (base equiv) (Lexapro)  
 escitalopram oxalate tab 20 mg (base equiv) (Lexapro)  
 escitalopram oxalate tab 5 mg (base equiv) (Lexapro)  
 fluoxetine hcl cap 10 mg (Prozac)  
 fluoxetine hcl cap 20 mg (Prozac)  
 fluoxetine hcl cap 40 mg (Prozac)  
 fluoxetine hcl solution 20 mg/5ml  
 fluoxetine hcl tab 10 mg  
 fluoxetine hcl tab 20 mg  
 fluvoxamine maleate tab 100 mg  
 fluvoxamine maleate tab 25 mg  
 fluvoxamine maleate tab 50 mg  
 imipramine hcl tab 10 mg  
 imipramine hcl tab 25 mg  
 imipramine hcl tab 50 mg  
 mirtazapine tab 15 mg (Remeron)  
 mirtazapine tab 30 mg (Remeron)  
 mirtazapine tab 45 mg  
 mirtazapine tab 7.5 mg  
 nortriptyline hcl cap 10 mg (Pamelor)  
 nortriptyline hcl cap 25 mg (Pamelor)  
 nortriptyline hcl cap 50 mg (Pamelor)  
 nortriptyline hcl cap 75 mg (Pamelor)  
 nortriptyline hcl soln 10 mg/5ml  
 paroxetine hcl tab 10 mg (Paxil)  
 paroxetine hcl tab 20 mg (Paxil)  
 paroxetine hcl tab 30 mg (Paxil)  
 paroxetine hcl tab 40 mg (Paxil)  
 paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)  
 paroxetine hcl tab er 24hr 25 mg (Paxil cr)  
 paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)  
 sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)  
 sertraline hcl tab 100 mg (Zoloft)  
 sertraline hcl tab 25 mg (Zoloft)  
 sertraline hcl tab 50 mg (Zoloft)  
 tranylcypromine sulfate tab 10 mg (Parnate)  
 trazodone hcl tab 100 mg  
 trazodone hcl tab 150 mg  
 trazodone hcl tab 50 mg  
 venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)

venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)  
 venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)  
 venlafaxine hcl tab 100 mg (base equivalent)  
 venlafaxine hcl tab 25 mg (base equivalent)  
 venlafaxine hcl tab 37.5 mg (base equivalent)  
 venlafaxine hcl tab 50 mg (base equivalent)  
 venlafaxine hcl tab 75 mg (base equivalent)  
 PHENELZINE SULFATE – phenelzine sulfate tab 15 mg  
 ZURZUVAE – zuranolone cap 20 mg  
 ZURZUVAE – zuranolone cap 25 mg  
 ZURZUVAE – zuranolone cap 30 mg

## ANTIDEPRESSANTS

amitriptyline hcl tab 10 mg  
 amitriptyline hcl tab 100 mg  
 amitriptyline hcl tab 150 mg  
 amitriptyline hcl tab 25 mg  
 amitriptyline hcl tab 50 mg  
 amitriptyline hcl tab 75 mg  
 bupropion hcl tab 100 mg  
 bupropion hcl tab 75 mg  
 bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)  
 bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)  
 bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)  
 bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)  
 bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)  
 citalopram hydrobromide oral soln 10 mg/5ml  
 citalopram hydrobromide tab 10 mg (base equiv) (Celexa)  
 citalopram hydrobromide tab 20 mg (base equiv) (Celexa)  
 citalopram hydrobromide tab 40 mg (base equiv) (Celexa)  
 clomipramine hcl cap 25 mg (Anafranil)  
 clomipramine hcl cap 50 mg (Anafranil)  
 clomipramine hcl cap 75 mg (Anafranil)  
 desipramine hcl tab 10 mg (Norpramin)  
 desipramine hcl tab 100 mg  
 desipramine hcl tab 150 mg  
 desipramine hcl tab 25 mg (Norpramin)  
 desipramine hcl tab 50 mg  
 desipramine hcl tab 75 mg  
 desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)  
 desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)  
 desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)  
 doxepin hcl cap 10 mg  
 doxepin hcl cap 100 mg  
 doxepin hcl cap 25 mg  
 doxepin hcl cap 50 mg  
 doxepin hcl cap 75 mg

## ANTIPSYCHOTICS

aripiprazole tab 10 mg (Abilify)  
 aripiprazole tab 15 mg (Abilify)  
 aripiprazole tab 2 mg (Abilify)  
 aripiprazole tab 20 mg (Abilify)  
 aripiprazole tab 30 mg (Abilify)  
 aripiprazole tab 5 mg (Abilify)  
 chlorpromazine hcl tab 10 mg  
 chlorpromazine hcl tab 100 mg  
 chlorpromazine hcl tab 200 mg  
 chlorpromazine hcl tab 25 mg  
 chlorpromazine hcl tab 50 mg  
 clozapine tab 100 mg (Clozaril)  
 clozapine tab 200 mg (Clozaril)  
 clozapine tab 25 mg (Clozaril)  
 clozapine tab 50 mg (Clozaril)  
 fluphenazine hcl tab 1 mg  
 fluphenazine hcl tab 10 mg  
 fluphenazine hcl tab 2.5 mg  
 fluphenazine hcl tab 5 mg  
 haloperidol lactate oral conc 2 mg/ml  
 haloperidol tab 0.5 mg  
 haloperidol tab 1 mg  
 haloperidol tab 10 mg  
 haloperidol tab 2 mg  
 haloperidol tab 20 mg  
 haloperidol tab 5 mg  
 lithium carbonate cap 150 mg (Lithium carbonate)  
 lithium carbonate cap 300 mg (Lithium carbonate)  
 lithium carbonate cap 600 mg (Lithium carbonate)  
 lithium carbonate tab 300 mg  
 lithium carbonate tab er 300 mg (Lithobid)  
 lithium carbonate tab er 450 mg  
 lithium oral solution 8 meq/5ml  
 loxapine succinate cap 10 mg  
 loxapine succinate cap 25 mg  
 loxapine succinate cap 5 mg

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

loxapine succinate cap 50 mg  
 lurasidone hcl tab 120 mg (Latuda)  
 lurasidone hcl tab 20 mg (Latuda)  
 lurasidone hcl tab 40 mg (Latuda)  
 lurasidone hcl tab 60 mg (Latuda)  
 lurasidone hcl tab 80 mg (Latuda)  
 olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)  
 olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)  
 olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)  
 olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)  
 olanzapine tab 10 mg (Zyprexa)  
 olanzapine tab 15 mg (Zyprexa)  
 olanzapine tab 2.5 mg (Zyprexa)  
 olanzapine tab 20 mg (Zyprexa)  
 olanzapine tab 5 mg (Zyprexa)  
 olanzapine tab 7.5 mg (Zyprexa)  
 perphenazine tab 16 mg  
 perphenazine tab 2 mg  
 perphenazine tab 4 mg  
 perphenazine tab 8 mg  
 prochlorperazine maleate tab 10 mg (base equivalent)  
 prochlorperazine maleate tab 5 mg (base equivalent)  
 prochlorperazine suppos 25 mg  
 quetiapine fumarate tab 100 mg (Seroquel)  
 quetiapine fumarate tab 200 mg (Seroquel)  
 quetiapine fumarate tab 25 mg (Seroquel)  
 quetiapine fumarate tab 300 mg (Seroquel)  
 quetiapine fumarate tab 400 mg (Seroquel)  
 quetiapine fumarate tab 50 mg (Seroquel)  
 quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)  
 quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)  
 quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)  
 quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)  
 quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)  
 risperidone orally disintegrating tab 0.5 mg  
 risperidone orally disintegrating tab 1 mg  
 risperidone orally disintegrating tab 2 mg  
 risperidone orally disintegrating tab 3 mg  
 risperidone orally disintegrating tab 4 mg  
 risperidone orally disintegrating tab 4 mg  
 risperidone soln 1 mg/ml (Risperdal)  
 risperidone tab 0.25 mg  
 risperidone tab 0.5 mg (Risperdal)  
 risperidone tab 1 mg (Risperdal)  
 risperidone tab 2 mg (Risperdal)

risperidone tab 3 mg (Risperdal)  
 risperidone tab 4 mg (Risperdal)  
 thiothixene cap 1 mg  
 thiothixene cap 10 mg  
 thiothixene cap 2 mg  
 thiothixene cap 5 mg  
 trifluoperazine hcl tab 1 mg (base equivalent)  
 trifluoperazine hcl tab 10 mg (base equivalent)  
 trifluoperazine hcl tab 2 mg (base equivalent)  
 trifluoperazine hcl tab 5 mg (base equivalent)  
 ziprasidone hcl cap 20 mg (Geodon)  
 ziprasidone hcl cap 40 mg (Geodon)  
 ziprasidone hcl cap 60 mg (Geodon)  
 ziprasidone hcl cap 80 mg (Geodon)  
 FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml  
 FLUPHENAZINE HYDROCHLORID – fluphenazine hcl elixir 2.5 mg/5ml  
 LITHIUM CARBONATE – lithium carbonate cap 150 mg  
 REXULTI – brexpiprazole tab 0.25 mg  
 REXULTI – brexpiprazole tab 0.5 mg  
 REXULTI – brexpiprazole tab 1 mg  
 REXULTI – brexpiprazole tab 2 mg  
 REXULTI – brexpiprazole tab 3 mg  
 REXULTI – brexpiprazole tab 4 mg  
 RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg  
 VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)  
 VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)  
 VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)  
 VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)

## HYPNOTICS

estazolam tab 1 mg  
 estazolam tab 2 mg  
 eszopiclone tab 1 mg (Lunesta)  
 eszopiclone tab 2 mg (Lunesta)  
 eszopiclone tab 3 mg (Lunesta)  
 phenobarbital elixir 20 mg/5ml  
 phenobarbital tab 100 mg  
 phenobarbital tab 15 mg  
 phenobarbital tab 16.2 mg  
 phenobarbital tab 30 mg  
 phenobarbital tab 32.4 mg  
 phenobarbital tab 60 mg  
 temazepam cap 15 mg (Restoril)  
 temazepam cap 30 mg (Restoril)  
 zaleplon cap 10 mg

zaleplon cap 5 mg  
 zolpidem tartrate tab 10 mg (Ambien)  
 zolpidem tartrate tab 5 mg (Ambien)  
 zolpidem tartrate tab er 12.5 mg (Ambien cr)  
 zolpidem tartrate tab er 6.25 mg (Ambien cr)  
 BELSOMRA – suvorexant tab 10 mg  
 BELSOMRA – suvorexant tab 15 mg  
 BELSOMRA – suvorexant tab 20 mg  
 BELSOMRA – suvorexant tab 5 mg

## PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC

acamprosate calcium tab delayed release 333 mg  
 bupropion hcl (smoking deterrent) tab er 12hr 150 mg  
 dimethyl fumarate capsule delayed release 120 mg (Tecfidera)  
 dimethyl fumarate capsule delayed release 240 mg (Tecfidera)  
 dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)  
 disulfiram tab 250 mg  
 disulfiram tab 500 mg  
 donepezil hydrochloride orally disintegrating tab 10 mg  
 donepezil hydrochloride orally disintegrating tab 5 mg  
 donepezil hydrochloride tab 10 mg (Aricept)  
 donepezil hydrochloride tab 5 mg (Aricept)  
 fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)  
 galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)  
 galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)  
 galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)  
 galantamine hydrobromide tab 12 mg  
 galantamine hydrobromide tab 4 mg  
 galantamine hydrobromide tab 8 mg  
 glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)  
 glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)  
 memantine hcl oral solution 2 mg/ml  
 memantine hcl tab 10 mg (Namenda)  
 memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)  
 memantine hcl tab 5 mg (Namenda)  
 rivastigmine tartrate cap 1.5 mg (base equivalent)  
 rivastigmine tartrate cap 3 mg (base equivalent)  
 rivastigmine tartrate cap 4.5 mg (base equivalent)  
 rivastigmine tartrate cap 6 mg (base equivalent)  
 teriflunomide tab 14 mg (Aubagio)  
 teriflunomide tab 7 mg (Aubagio)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

tetrabenazine tab 12.5 mg (Xenazine)  
 tetrabenazine tab 25 mg (Xenazine)  
 varenicline tartrate tab 0.5 mg (base equiv)  
 varenicline tartrate tab 1 mg (base equiv)  
 varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack  
 AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml  
 AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml  
 BETASERON – interferon beta-1b for inj kit 0.3 mg  
 GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml  
 KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml  
 MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)  
 MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs)  
 MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)  
 MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)  
 MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)  
 MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs)  
 MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)  
 MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)  
 MAYZENT – siponimod fumarate tab 1 mg (base equiv)  
 MAYZENT – siponimod fumarate tab 2 mg (base equiv)  
 MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack  
 MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack  
 NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)  
 NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)  
 PIMOZIDE – pimozone tab 1 mg  
 PIMOZIDE – pimozone tab 2 mg  
 PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml  
 PLEGRIDY – peginterferon beta-1a soln auto-injector 125 mcg/0.5ml  
 PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml  
 PLEGRIDY STARTER PACK – peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack  
 PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack  
 REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml

REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml  
 REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml  
 REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml  
 REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml  
 REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml  
 SAVELLA – milnacipran hcl tab 100 mg  
 SAVELLA – milnacipran hcl tab 12.5 mg  
 SAVELLA – milnacipran hcl tab 25 mg  
 SAVELLA – milnacipran hcl tab 50 mg  
 SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak  
 VUMERITY – diroximel fumarate capsule delayed release 231 mg  
 ZEPOSIA – ozanimod hcl cap 0.92 mg  
 ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg  
 ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg

glipizide tab er 24hr 5 mg (Glucotrol xl)  
 glipizide-metformin hcl tab 2.5-250 mg  
 glipizide-metformin hcl tab 2.5-500 mg  
 glipizide-metformin hcl tab 5-500 mg  
 glyburide tab 1.25 mg  
 glyburide tab 2.5 mg  
 glyburide tab 5 mg  
 glyburide-metformin tab 1.25-250 mg  
 glyburide-metformin tab 2.5-500 mg  
 glyburide-metformin tab 5-500 mg  
 metformin hcl tab 1000 mg  
 metformin hcl tab 500 mg  
 metformin hcl tab 850 mg  
 metformin hcl tab er 24hr 500 mg  
 metformin hcl tab er 24hr 750 mg  
 nateglinide tab 120 mg  
 nateglinide tab 60 mg  
 pioglitazone hcl tab 15 mg (base equiv) (Actos)  
 pioglitazone hcl tab 30 mg (base equiv) (Actos)  
 pioglitazone hcl tab 45 mg (base equiv) (Actos)  
 pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)  
 pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)  
 repaglinide tab 0.5 mg  
 repaglinide tab 1 mg  
 repaglinide tab 2 mg  
 BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose  
 BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose  
 FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)  
 FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)  
 GLUCAGON EMERGENCY KIT FO – glucagon (rdna) for inj kit 1 mg  
 GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg  
 GLYBURIDE MICRONIZED – glyburide micronized tab 1.5 mg  
 GLYBURIDE MICRONIZED – glyburide micronized tab 3 mg  
 GLYBURIDE MICRONIZED – glyburide micronized tab 6 mg  
 GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg  
 GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg  
 GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml  
 GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml  
 GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml  
 GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml

## ENDOCRINE AND METABOLIC DRUGS

### ANDROGEN-ANABOLIC

danazol cap 100 mg  
 danazol cap 200 mg  
 danazol cap 50 mg  
 testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)  
 testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)  
 testosterone td gel 12.5 mg/act (1%)  
 testosterone td gel 20.25 mg/act (1.62%) (AndroGel pump)  
 testosterone td gel 25 mg/2.5gm (1%) (AndroGel)  
 testosterone td gel 50 mg/5gm (1%) (AndroGel)  
 testosterone td soln 30 mg/act  
 TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml

### ANTIDIABETICS

acarbose tab 100 mg (Precose)  
 acarbose tab 25 mg (Precose)  
 acarbose tab 50 mg (Precose)  
 diazoxide susp 50 mg/ml (Proglycem)  
 gliimepiride tab 1 mg (Amaryl)  
 gliimepiride tab 2 mg (Amaryl)  
 gliimepiride tab 4 mg (Amaryl)  
 glipizide tab 10 mg  
 glipizide tab 5 mg  
 glipizide tab er 24hr 10 mg (Glucotrol xl)  
 glipizide tab er 24hr 2.5 mg (Glucotrol xl)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml  
 GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml  
 JANUMET – sitagliptin-metformin hcl tab 50-1000 mg  
 JANUMET – sitagliptin-metformin hcl tab 50-500 mg  
 JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg  
 JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg  
 JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg  
 JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)  
 JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)  
 JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)  
 JARDIANCE – empagliflozin tab 10 mg  
 JARDIANCE – empagliflozin tab 25 mg  
 MOUNJARO – tirzepatide soln auto-injector 10 mg/0.5ml  
 MOUNJARO – tirzepatide soln auto-injector 12.5 mg/0.5ml  
 MOUNJARO – tirzepatide soln auto-injector 15 mg/0.5ml  
 MOUNJARO – tirzepatide soln auto-injector 2.5 mg/0.5ml  
 MOUNJARO – tirzepatide soln auto-injector 5 mg/0.5ml  
 MOUNJARO – tirzepatide soln auto-injector 7.5 mg/0.5ml  
 OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)  
 OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)  
 OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)  
 RYBELSUS – semaglutide tab 14 mg  
 RYBELSUS – semaglutide tab 3 mg  
 RYBELSUS – semaglutide tab 7 mg  
 SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml  
 SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg  
 SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg  
 SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg  
 SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg  
 SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg  
 SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg  
 SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg

SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg  
 TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg  
 TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg  
 TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg  
 TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg  
 TRULICITY – dulaglutide soln auto-injector 0.75 mg/0.5ml  
 TRULICITY – dulaglutide soln auto-injector 1.5 mg/0.5ml  
 TRULICITY – dulaglutide soln auto-injector 3 mg/0.5ml  
 TRULICITY – dulaglutide soln auto-injector 4.5 mg/0.5ml  
 XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg  
 XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg  
 XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg  
 XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg  
 XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg  
 XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml  
 ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml  
 ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml

### Basal Insulins

INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml  
 INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/ml  
 SEMGLEE – insulin glargine-yfgn inj 100 unit/ml  
 SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml  
 TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)  
 TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)  
 TRESIBA – insulin degludec inj 100 unit/ml  
 TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml  
 TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

### Intermediate-Acting Insulins

HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)  
 HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)  
 HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)

HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
 HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
 HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml  
 HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml  
 NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
 NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
 NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml  
 NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml  
 NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
 NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)

### Rapid-Acting Insulins

FIASP – insulin aspart (with niacinamide) inj 100 unit/ml  
 FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml  
 FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml  
 HUMALOG – insulin lispro inj soln 100 unit/ml  
 HUMALOG – insulin lispro soln cartridge 100 unit/ml  
 HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)  
 HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)  
 HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml  
 HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/transmitter port 100 unit/ml  
 LYUMJEV – insulin lispro-aabc inj 100 unit/ml  
 LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)  
 LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml  
 LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml  
 NOVOLOG – insulin aspart inj soln 100 unit/ml  
 NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
 NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml

### Short-Acting Insulins

HUMULIN R – insulin regular (human) inj 100 unit/ml  
 HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml  
 HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml  
 NOVOLIN R – insulin regular (human) inj 100 unit/ml

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml

ELLA – ulipristal acetate tab 30 mg  
 LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)  
 MIRENA – levonorgestrel iud 20 mcg/day (initial) (52 mg total)  
 NUVARING – etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr  
 SKYLA – levonorgestrel releasing iud 14 mcg/day (13.5 mg total)  
 TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg  
 VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg

PREDNISONE – prednisone oral soln 5 mg/5ml

## CONTRACEPTIVES

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)  
 desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg  
 drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)  
 drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)  
 ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg  
 ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg  
 levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg  
 levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg  
 levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg  
 levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg  
 levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)  
 levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)  
 medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)  
 medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)  
 norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr  
 norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg  
 norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg  
 norethindrone & ethinyl estradiol tab 1 mg-35 mcg  
 norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg  
 norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg  
 norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg  
 norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg  
 norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg  
 norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg  
 norethindrone tab 0.35 mg  
 norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg  
 norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg  
 norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg  
 norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg  
 norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg  
 norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg

## CORTICOSTEROIDS

budesonide delayed release particles cap 3 mg  
 dexamethasone elixir 0.5 mg/5ml  
 dexamethasone tab 0.5 mg  
 dexamethasone tab 0.75 mg  
 dexamethasone tab 1 mg  
 dexamethasone tab 1.5 mg  
 dexamethasone tab 2 mg  
 dexamethasone tab 4 mg  
 dexamethasone tab 6 mg  
 fludrocortisone acetate tab 0.1 mg  
 hydrocortisone tab 10 mg (Cortef)  
 hydrocortisone tab 20 mg (Cortef)  
 hydrocortisone tab 5 mg (Cortef)  
 methylprednisolone tab 16 mg (Medrol)  
 methylprednisolone tab 32 mg (Medrol)  
 methylprednisolone tab 4 mg (Medrol)  
 methylprednisolone tab 8 mg (Medrol)  
 methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)  
 prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)  
 prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)  
 prednisolone soln 15 mg/5ml  
 prednisone tab 1 mg  
 prednisone tab 10 mg  
 prednisone tab 2.5 mg  
 prednisone tab 20 mg  
 prednisone tab 5 mg  
 prednisone tab 50 mg  
 prednisone tab therapy pack 10 mg (21)  
 prednisone tab therapy pack 10 mg (48)  
 prednisone tab therapy pack 5 mg (21)  
 prednisone tab therapy pack 5 mg (48)  
 DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml  
 DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml

## ENDOCRINE and METABOLIC AGENTS - MISC

alendronate sodium tab 10 mg  
 alendronate sodium tab 35 mg  
 alendronate sodium tab 70 mg (Fosamax)  
 betaine powder for oral solution (Cystadane)  
 cabergoline tab 0.5 mg  
 calcitonin (salmon) nasal soln 200 unit/act  
 calcitriol cap 0.25 mcg (Rocaltrol)  
 calcitriol cap 0.5 mcg (Rocaltrol)  
 carglumic acid soluble tab 200 mg (Carbaglu)  
 cinacalcet hcl tab 30 mg (base equiv) (Sensipar)  
 cinacalcet hcl tab 60 mg (base equiv) (Sensipar)  
 cinacalcet hcl tab 90 mg (base equiv) (Sensipar)  
 clomiphene citrate tab 50 mg  
 desmopressin acetate nasal spray soln 0.01%  
 desmopressin acetate nasal spray soln 0.01% (refrigerated)  
 desmopressin acetate tab 0.1 mg (Ddavn)  
 desmopressin acetate tab 0.2 mg (Ddavn)  
 ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)  
 ibandronate sodium tab 150 mg (base equivalent)  
 levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)  
 levocarnitine tab 330 mg (Carnitor)  
 nitisinone cap 10 mg (Orfadin)  
 nitisinone cap 2 mg (Orfadin)  
 nitisinone cap 20 mg (Orfadin)  
 nitisinone cap 5 mg (Orfadin)  
 octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)  
 octreotide acetate inj 1000 mcg/ml (1 mg/ml)  
 octreotide acetate inj 200 mcg/ml (0.2 mg/ml)  
 octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)  
 octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)  
 raloxifene hcl tab 60 mg (Evista)  
 risedronate sodium tab 150 mg (Actonel)  
 risedronate sodium tab 30 mg  
 risedronate sodium tab 35 mg (Actonel)  
 risedronate sodium tab 5 mg  
 teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)  
 ALENDRONATE SODIUM – alendronate sodium tab 5 mg  
 FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml  
 FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml  
 FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml  
 GENOTROPIN – somatotropin for subcutaneous inj cartridge 12 mg (36 unit)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

GENOTROPIN – somatropin for subcutaneous inj cartridge 5 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.2 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.4 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.6 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.8 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.2 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.4 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.6 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.8 mg  
 GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 2 mg  
 INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)  
 KERENDIA – finerenone tab 10 mg  
 KERENDIA – finerenone tab 20 mg  
 NITYR – nitisinone tab 10 mg  
 NITYR – nitisinone tab 2 mg  
 NITYR – nitisinone tab 5 mg  
 OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 100 mcg/ml  
 OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 50 mcg/ml  
 OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 500 mcg/ml  
 OMNITROPE – somatropin for inj 5.8 mg  
 OMNITROPE – somatropin solution cartridge 10 mg/1.5ml  
 OMNITROPE – somatropin solution cartridge 5 mg/1.5ml  
 ORFADIN – nitisinone susp 4 mg/ml  
 ORLISSA – elagolix sodium tab 150 mg (base equiv)  
 ORLISSA – elagolix sodium tab 200 mg (base equiv)  
 OVIDREL – choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml  
 PREGNYL – chorionic gonadotropin for im inj 10000 unit  
 PREGNYL W/DILUENT BENZYL – chorionic gonadotropin for im inj 10000 unit  
 REVCovi – elapegedemase-livr im soln 2.4 mg/1.5ml (1.6 mg/ml)  
 STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml  
 STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml  
 STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml

STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml  
 TYMLOS – abaloparotide subcutaneous soln pen-injector 3120 mcg/1.56ml

## ESTROGENS

estradiol & norethindrone acetate tab 0.5-0.1 mg  
 estradiol & norethindrone acetate tab 1-0.5 mg (Activella)  
 estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (EstroGel)  
 estradiol tab 0.5 mg (Estrace)  
 estradiol tab 1 mg (Estrace)  
 estradiol tab 2 mg (Estrace)  
 estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel)  
 estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel)  
 estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel)  
 estradiol td gel 1 mg/gm (0.1%) (Divigel)  
 estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel)  
 estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)  
 estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)  
 estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)  
 estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)  
 estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)  
 estradiol td patch weekly 0.025 mg/24hr (Climara)  
 estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)  
 estradiol td patch weekly 0.05 mg/24hr (Climara)  
 estradiol td patch weekly 0.06 mg/24hr (Climara)  
 estradiol td patch weekly 0.075 mg/24hr (Climara)  
 estradiol td patch weekly 0.1 mg/24hr (Climara)  
 norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg  
 norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg  
 CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day  
 DUAVEE – conjugated estrogens-basedoxifene tab 0.45-20 mg  
 MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg  
 ORIAHNN – elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack  
 PREMARIN – estrogens, conjugated tab 0.3 mg  
 PREMARIN – estrogens, conjugated tab 0.45 mg  
 PREMARIN – estrogens, conjugated tab 0.625 mg  
 PREMARIN – estrogens, conjugated tab 0.9 mg  
 PREMARIN – estrogens, conjugated tab 1.25 mg  
 PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)

PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg  
 PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg  
 PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg  
 PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg

## OXYTOCICS

methylergonovine maleate tab 0.2 mg

## PROGESTINS

medroxyprogesterone acetate tab 10 mg (Provera)  
 medroxyprogesterone acetate tab 2.5 mg (Provera)  
 medroxyprogesterone acetate tab 5 mg (Provera)  
 norethindrone acetate tab 5 mg (Aygestin)  
 progesterone cap 100 mg (Prometrium)  
 progesterone cap 200 mg (Prometrium)

## THYROID AGENTS

levothyroxine sodium tab 100 mcg (Synthroid)  
 levothyroxine sodium tab 112 mcg (Synthroid)  
 levothyroxine sodium tab 125 mcg (Synthroid)  
 levothyroxine sodium tab 137 mcg (Synthroid)  
 levothyroxine sodium tab 150 mcg (Synthroid)  
 levothyroxine sodium tab 175 mcg (Synthroid)  
 levothyroxine sodium tab 200 mcg (Synthroid)  
 levothyroxine sodium tab 25 mcg (Synthroid)  
 levothyroxine sodium tab 300 mcg (Synthroid)  
 levothyroxine sodium tab 50 mcg (Synthroid)  
 levothyroxine sodium tab 75 mcg (Synthroid)  
 levothyroxine sodium tab 88 mcg (Synthroid)  
 liothyronine sodium tab 25 mcg (Cytomel)  
 liothyronine sodium tab 5 mcg (Cytomel)  
 liothyronine sodium tab 50 mcg (Cytomel)  
 methimazole tab 10 mg  
 methimazole tab 5 mg  
 propylthiouracil tab 50 mg

## GASTROINTESTINAL AGENTS

### ANTI-DIARRHEALS

diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)  
 loperamide hcl cap 2 mg  
 DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml

### ANTIEMETICS

aprepitant capsule 125 mg  
 aprepitant capsule 40 mg  
 aprepitant capsule 80 mg (Emend)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)  
 granisetron hcl tab 1 mg  
 meclizine hcl tab 12.5 mg  
 meclizine hcl tab 25 mg  
 ondansetron hcl oral soln 4 mg/5ml  
 ondansetron hcl tab 4 mg  
 ondansetron hcl tab 8 mg  
 ondansetron orally disintegrating tab 4 mg  
 ondansetron orally disintegrating tab 8 mg  
 scopolamine td patch 72hr 1 mg/3days (Transderm-scop)  
 trimethobenzamide hcl cap 300 mg  
 EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)  
**ONDANSETRON HCL – ondansetron hcl tab 24 mg**

mesalamine enema 4 gm  
 mesalamine suppos 1000 mg (Canasa)  
 mesalamine tab delayed release 1.2 gm (Lialda)  
 mesalamine tab delayed release 800 mg  
 metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)  
 metoclopramide hcl tab 10 mg (base equivalent) (Reglan)  
 metoclopramide hcl tab 5 mg (base equivalent) (Reglan)  
 sevelamer carbonate packet 0.8 gm (Renvela)  
 sevelamer carbonate packet 2.4 gm (Renvela)  
 sevelamer carbonate tab 800 mg (Renvela)  
 sulfasalazine tab 500 mg (Azulfidine)  
 sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)  
 ursodiol cap 300 mg  
 ursodiol tab 250 mg (Urso 250)  
 ursodiol tab 500 mg (Urso forte)  
 CHENODAL – chenodiol tab 250 mg  
 ENTYVIO PEN – vedolizumab soln auto-injector 108 mg/0.68ml  
 MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)  
 MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)  
 OMOVH – mirikizumab-mrkz subcutaneous soln prefill syringe 100 mg/ml  
 OMOVH – mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml  
 SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml  
 SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml  
 SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)  
 TRULANCE – plecanatide tab 3 mg  
 VELPHORO – sucroferric oxyhydroxide chew tab 500 mg  
 VIBERZI – eluxadoline tab 100 mg  
 VIBERZI – eluxadoline tab 75 mg

dicyclomine hcl cap 10 mg  
 dicyclomine hcl oral soln 10 mg/5ml  
 dicyclomine hcl tab 20 mg  
 esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)  
 esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)  
 esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)  
 esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)  
 esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)  
 esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)  
 esomeprazole magnesium for delayed release susp packet 5 mg (Nexium)  
 famotidine for susp 40 mg/5ml  
 famotidine tab 20 mg (Pepcid)  
 famotidine tab 40 mg (Pepcid)  
 glycopyrrolate tab 1 mg (Robinul)  
 glycopyrrolate tab 2 mg (Robinul forte)  
 lansoprazole cap delayed release 15 mg  
 lansoprazole cap delayed release 30 mg (Prevacid)  
 methscopolamine bromide tab 2.5 mg  
 methscopolamine bromide tab 5 mg  
 misoprostol tab 100 mcg (Cytotec)  
 misoprostol tab 200 mcg (Cytotec)  
 omeprazole cap delayed release 10 mg  
 omeprazole cap delayed release 20 mg  
 omeprazole cap delayed release 40 mg  
 pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)  
 pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)  
 sucralate tab 1 gm (Carafate)  
 NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg  
 NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg

## DIGESTIVE AIDS

CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit  
 CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit  
 CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit  
 CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit  
 CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit  
 ZENPEP – pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit

## GASTROINTESTINAL AGENTS- MISC

alosectron hcl tab 0.5 mg (base equiv) (Lotronex)  
 alosectron hcl tab 1 mg (base equiv) (Lotronex)  
 balsalazide disodium cap 750 mg (Colazal)  
 calcium acetate (phosphate binder) cap 667 mg (169 mg ca)  
 calcium acetate (phosphate binder) tab 667 mg  
 lactulose (encephalopathy) solution 10 gm/15ml  
 mesalamine cap dr 400 mg (Delzicol)  
 mesalamine cap er 24hr 0.375 gm (Apriso)

## LAXATIVES

lactulose solution 10 gm/15ml  
 peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)  
 peg 3350-kcl-sod bicarb-nacl for soln 420 gm  
 GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm

## ULCER DRUGS

cimetidine hcl soln 300 mg/5ml  
 cimetidine tab 300 mg  
 cimetidine tab 400 mg  
 cimetidine tab 800 mg

## GENITOURINARY AGENTS

### GENITOURINARY AGENTS - MISC

alfuzosin hcl tab er 24hr 10 mg (Uroxatral)  
 dutasteride cap 0.5 mg (Avodart)  
 finasteride tab 5 mg (Proscar)  
 potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)  
 potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)  
 potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)  
 silodosin cap 4 mg (Rapaflo)  
 silodosin cap 8 mg (Rapaflo)  
 sodium citrate & citric acid soln 500-334 mg/5ml

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

tamsulosin hcl cap 0.4 mg (Flomax)  
 CYSTAGON – cysteamine bitartrate cap 150 mg  
 CYSTAGON – cysteamine bitartrate cap 50 mg  
 K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg

warfarin sodium tab 2.5 mg  
 warfarin sodium tab 3 mg  
 warfarin sodium tab 4 mg  
 warfarin sodium tab 5 mg  
 warfarin sodium tab 6 mg  
 warfarin sodium tab 7.5 mg  
 ELIQUIS – apixaban tab 2.5 mg  
 ELIQUIS – apixaban tab 5 mg  
 ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg  
 XARELTO – rivaroxaban for susp 1 mg/ml  
 XARELTO – rivaroxaban tab 10 mg  
 XARELTO – rivaroxaban tab 15 mg  
 XARELTO – rivaroxaban tab 2.5 mg  
 XARELTO – rivaroxaban tab 20 mg  
 XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg

AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit  
 AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit  
 AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit  
 ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xtenehl for inj 1000 unit  
 ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xtenehl for inj 2000 unit  
 ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xtenehl for inj 250 unit  
 ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xtenehl for inj 3000 unit  
 ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xtenehl for inj 4000 unit  
 ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xtenehl for inj 500 unit  
 BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit  
 BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit  
 BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit  
 BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit  
 BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit  
 BRILINTA – ticagrelor tab 60 mg  
 BRILINTA – ticagrelor tab 90 mg  
 COAGADEX – coagulation factor x (human) for inj 250 unit  
 COAGADEX – coagulation factor x (human) for inj 500 unit  
 CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 1000 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 1500 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 2000 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 3000 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 4000 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 500 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 5000 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 6000 unit  
 ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiic) for inj 750 unit  
 EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)

## URINARY ANTISPASMODICS

oxybutynin chloride solution 5 mg/5ml  
 oxybutynin chloride tab 5 mg  
 oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)  
 oxybutynin chloride tab er 24hr 15 mg  
 oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)  
 solifenacin succinate tab 10 mg (Vesicare)  
 solifenacin succinate tab 5 mg (Vesicare)  
 tolterodine tartrate cap er 24hr 2 mg (Detrol la)  
 tolterodine tartrate cap er 24hr 4 mg (Detrol la)  
 tolterodine tartrate tab 1 mg (Detrol)  
 tolterodine tartrate tab 2 mg (Detrol)

## VAGINAL PRODUCTS

clindamycin phosphate vaginal cream 2% (Cleocin)  
 estradiol vaginal cream 0.1 mg/gm (Estrace)  
 estradiol vaginal tab 10 mcg (Vagifem)  
 metronidazole vaginal gel 0.75%  
 terconazole vaginal cream 0.4%  
 terconazole vaginal cream 0.8%  
 terconazole vaginal suppos 80 mg  
 ENDOMETRIN – progesterone vaginal insert 100 mg  
 ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)  
 VANDA ZOLE – metronidazole vaginal gel 0.75%

## HEMATOLOGICAL AGENTS - MISC

anagrelide hcl cap 0.5 mg (Agrylin)  
 anagrelide hcl cap 1 mg  
 cilostazol tab 100 mg  
 cilostazol tab 50 mg  
 clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)  
 dipyridamole tab 25 mg  
 dipyridamole tab 50 mg  
 dipyridamole tab 75 mg  
 icaltiban acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)  
 pentoxifylline tab er 400 mg  
 prasugrel hcl tab 10 mg (base equiv) (Effient)  
 prasugrel hcl tab 5 mg (base equiv) (Effient)  
 ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit  
 ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1500 unit  
 ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit  
 ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit  
 ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit  
 ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 4000 unit  
 ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 500 unit  
 AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit  
 AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit  
 AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit  
 AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit

## HEMATOLOGICAL AGENTS

### ANTICOAGULANTS

enoxaparin sodium inj 300 mg/3ml (Lovenox)  
 enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)  
 enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)  
 enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)  
 enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)  
 enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)  
 enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)  
 enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)  
 warfarin sodium tab 1 mg  
 warfarin sodium tab 10 mg  
 warfarin sodium tab 2 mg

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1000 unit  
 ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1500 unit  
 ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 2000 unit  
 ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 3000 unit  
 ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit  
 FABHALTA – iptacopan hcl cap 200 mg  
 FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit  
 FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit  
 FEIBA – antiinhibitor coagulant complex for iv soln 500 unit  
 HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit  
 HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit  
 HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit  
 HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit  
 HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit  
 JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit  
 JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit  
 JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit  
 JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit  
 JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 4000 unit  
 KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 1000 unit  
 KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 2000 unit  
 KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit  
 KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 3000 unit  
 KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 500 unit  
 KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit  
 KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit  
 KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit  
 KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit  
 KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 500 unit  
 NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit

NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit  
 NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit  
 NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit  
 NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit  
 NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit  
 NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)  
 NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)  
 NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)  
 NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)  
 OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit  
 TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)  
 TAKHZYRO – lanadelumab-flyo soln pref syringe 150 mg/ml  
 TAKHZYRO – lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)  
 TRETEN – coagulation factor xiii a-subunit for inj 2500 unit  
 VONVENDI – von willebrand factor (recombinant) for inj 1300 unit  
 VONVENDI – von willebrand factor (recombinant) for inj 650 unit

ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml  
 CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)  
 FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml  
 NIVESTYM – filgrastim-aafi inj 300 mcg/ml  
 NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)  
 NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml  
 NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml  
 NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml  
 RETACRIT – epoetin alfa-epbx inj 10000 unit/ml  
 RETACRIT – epoetin alfa-epbx inj 2000 unit/ml  
 RETACRIT – epoetin alfa-epbx inj 20000 unit/ml  
 RETACRIT – epoetin alfa-epbx inj 3000 unit/ml  
 RETACRIT – epoetin alfa-epbx inj 4000 unit/ml  
 RETACRIT – epoetin alfa-epbx inj 40000 unit/ml  
 ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml  
 ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml

## MISCELLANEOUS PRODUCTS

### ANTIDOTES

naloxone hcl inj 0.4 mg/ml  
 naloxone hcl inj 4 mg/10ml  
 naloxone hcl nasal spray 4 mg/0.1ml (Narcan)  
 naltrexone hcl tab 50 mg  
 CHEMET – succimer cap 100 mg  
 KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml  
 NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml  
 NALOXONE HYDROCHLORIDE – naloxone hcl soln prefilled syringe 0.4 mg/ml  
 OPVEE – nalmeferene hcl nasal spray 2.7 mg/0.1ml (base equiv)  
 REXTOVY – naloxone hcl nasal spray 4 mg/0.25ml

### ASSORTED CLASSES

azathioprine tab 50 mg (Imuran)  
 buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)  
 buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)  
 buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)

## HEMATOPOIETIC AGENTS

cyanocobalamin inj 1000 mcg/ml  
 folic acid tab 1 mg  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml  
 ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)  
 buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)  
 buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)  
 cyclosporine cap 100 mg (Sandimmune)  
 cyclosporine cap 25 mg (Sandimmune)  
 cyclosporine modified cap 100 mg (Neoral)  
 cyclosporine modified cap 25 mg (Neoral)  
 cyclosporine modified cap 50 mg  
 cyclosporine modified oral soln 100 mg/ml (Neoral)  
 everolimus tab 0.25 mg (Zortress)  
 everolimus tab 0.5 mg (Zortress)  
 everolimus tab 0.75 mg (Zortress)  
 everolimus tab 1 mg (Zortress)  
 lenalidomide cap 10 mg (Revlimid)  
 lenalidomide cap 15 mg (Revlimid)  
 lenalidomide cap 20 mg (Revlimid)  
 lenalidomide cap 25 mg (Revlimid)  
 lenalidomide cap 5 mg (Revlimid)  
 lenalidomide caps 2.5 mg (Revlimid)  
 mycophenolate mofetil cap 250 mg (Cellcept)  
 mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)  
 mycophenolate mofetil tab 500 mg (Cellcept)  
 mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)  
 mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)  
 penicillamine tab 250 mg (Depen titratabs)  
 sirolimus oral soln 1 mg/ml (Rapamune)  
 sirolimus tab 0.5 mg (Rapamune)  
 sirolimus tab 1 mg (Rapamune)  
 sirolimus tab 2 mg (Rapamune)  
 sodium polystyrene sulfonate powder  
 sodium polystyrene sulfonate susp 15 gm/60ml  
 tacrolimus cap 0.5 mg (Prograf)  
 tacrolimus cap 1 mg (Prograf)  
 tacrolimus cap 5 mg (Prograf)  
 LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm  
 LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm  
 MYHIBBIN – mycophenolate mofetil oral susp 200 mg/ml  
 REVLIMID – lenalidomide cap 10 mg  
 REVLIMID – lenalidomide cap 15 mg  
 REVLIMID – lenalidomide cap 20 mg  
 REVLIMID – lenalidomide cap 25 mg  
 REVLIMID – lenalidomide cap 5 mg  
 REVLIMID – lenalidomide caps 2.5 mg  
 SPS – sodium polystyrene sulfonate rectal susp 30 gm/120ml

THALOMID – thalidomide cap 100 mg  
 THALOMID – thalidomide cap 50 mg  
 VELTASSA – patiomer sorbitex calcium for susp packet 1 gm (base eq)  
 VELTASSA – patiomer sorbitex calcium for susp packet 16.8 gm (base eq)  
 VELTASSA – patiomer sorbitex calcium for susp packet 25.2 gm (base eq)  
 VELTASSA – patiomer sorbitex calcium for susp packet 8.4 gm (base eq)  
 ZOKINVY – lonafarnib cap 50 mg  
 ZOKINVY – lonafarnib cap 75 mg

## DIAGNOSTIC PRODUCTS

ASCENSIA CONTOUR, CONTOUR NEXT, CONTOUR PLUS  
 ASCENSIA CONTOUR, CONTOUR NEXT/EZ/GEN/LINK/ONE, CONTOUR PLUS BLUE  
 ASCENSIA DIASTIX, KETO-DIASTIX, KETOSTIX  
 DEXCOM G6/G7  
 RECEIVER/SENSOR/TRANSMITTER – continuous glucose system  
 FREESTYLE LIBRE/2/2 PLUS/3/3 PLUS, 14  
 READER/SENSOR/FLASH – continuous glucose system  
 ILET INSULIN INFUSION KIT – insulin infusion pump supplies  
 ILET INSULIN PUMP – insulin infusion pump - device  
 ILET STARTER KIT - CONTACT – insulin infusion pump supplies  
 ILET STARTER KIT - INSET – insulin infusion pump supplies  
 INSULIN PEN NEEDLES - various  
 INSULIN SYRINGES - various  
 LANCET DEVICES - various  
 LANCETS - various  
 LIFESCAN ONETOUGH ULTRA 2, ONETOUGH  
 VERIO FLEX/REFLECT  
 LIFESCAN ONETOUGH ULTRA/BLUE, ONETOUGH VERIO  
 OMNIPOD 5 DEXCOM G7G6 INT – insulin infusion disposable pump kit  
 OMNIPOD 5 DEXCOM G7G6 POD – insulin infusion disposable pump reservoir  
 OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump kit  
 OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump reservoir  
 OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit  
 OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump reservoir  
 TWIIST REFILL KIT – insulin infusion pump supplies  
 TWIIST REFILL KIT/INFUSIO – insulin infusion pump supplies

TWIIST STARTER KIT – insulin infusion pump - kit

## MEDICAL DEVICES

INHALER ASSIST DEVICES - SPACERS

## NEUROMUSCULAR DRUGS

### ANTICONSULSANTS

carbamazepine cap er 12hr 100 mg (Carbatrol)  
 carbamazepine cap er 12hr 200 mg (Carbatrol)  
 carbamazepine cap er 12hr 300 mg (Carbatrol)  
 carbamazepine chew tab 100 mg  
 carbamazepine susp 100 mg/5ml (Tegretol)  
 carbamazepine tab 200 mg (Tegretol)  
 carbamazepine tab er 12hr 100 mg (Tegretol-xr)  
 carbamazepine tab er 12hr 200 mg (Tegretol-xr)  
 carbamazepine tab er 12hr 400 mg (Tegretol-xr)  
 clonazepam tab 0.5 mg (Klonopin)  
 clonazepam tab 1 mg (Klonopin)  
 clonazepam tab 2 mg (Klonopin)  
 diazepam rectal gel delivery system 10 mg (Diastat acudial)  
 diazepam rectal gel delivery system 20 mg (Diastat acudial)  
 divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)  
 divalproex sodium tab delayed release 125 mg (Depakote)  
 divalproex sodium tab delayed release 250 mg (Depakote)  
 divalproex sodium tab delayed release 500 mg (Depakote)  
 divalproex sodium tab er 24 hr 250 mg (Depakote er)  
 divalproex sodium tab er 24 hr 500 mg (Depakote er)  
 ethosuximide cap 250 mg (Zarontin)  
 ethosuximide soln 250 mg/5ml (Zarontin)  
 gabapentin cap 100 mg (Neurontin)  
 gabapentin cap 300 mg (Neurontin)  
 gabapentin cap 400 mg (Neurontin)  
 gabapentin oral soln 250 mg/5ml (Neurontin)  
 gabapentin tab 600 mg (Neurontin)  
 gabapentin tab 800 mg (Neurontin)  
 lacosamide oral solution 10 mg/ml (Vimpat)  
 lacosamide tab 100 mg (Vimpat)  
 lacosamide tab 150 mg (Vimpat)  
 lacosamide tab 200 mg (Vimpat)  
 lacosamide tab 50 mg (Vimpat)  
 lamotrigine tab 100 mg (Lamictal)  
 lamotrigine tab 150 mg (Lamictal)  
 lamotrigine tab 200 mg (Lamictal)  
 lamotrigine tab 25 mg (Lamictal)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)  
 lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)  
 levetiracetam oral soln 100 mg/ml (Keppra)  
 levetiracetam tab 1000 mg (Keppra)  
 levetiracetam tab 250 mg (Keppra)  
 levetiracetam tab 500 mg (Keppra)  
 levetiracetam tab 750 mg (Keppra)  
 levetiracetam tab er 24hr 500 mg (Keppra xr)  
 levetiracetam tab er 24hr 750 mg (Keppra xr)  
 methsuximide cap 300 mg (Celontin)  
 oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)  
 oxcarbazepine tab 150 mg (Trileptal)  
 oxcarbazepine tab 300 mg (Trileptal)  
 oxcarbazepine tab 600 mg (Trileptal)  
 phenytoin chew tab 50 mg (Dilantin infatabs)  
 phenytoin sodium extended cap 100 mg (Dilantin)  
 phenytoin sodium extended cap 200 mg (Phenytek)  
 phenytoin sodium extended cap 300 mg (Phenytek)  
 phenytoin susp 125 mg/5ml (Dilantin-125)  
 pregabalin cap 100 mg (Lyrica)  
 pregabalin cap 150 mg (Lyrica)  
 pregabalin cap 200 mg (Lyrica)  
 pregabalin cap 225 mg (Lyrica)  
 pregabalin cap 25 mg (Lyrica)  
 pregabalin cap 300 mg (Lyrica)  
 pregabalin cap 50 mg (Lyrica)  
 pregabalin cap 75 mg (Lyrica)  
 pregabalin soln 20 mg/ml (Lyrica)  
 primidone tab 250 mg (Mysoline)  
 primidone tab 50 mg (Mysoline)  
 rufinamide tab 200 mg (Banzel)  
 rufinamide tab 400 mg (Banzel)  
 topiramate sprinkle cap 15 mg (Topamax sprinkle)  
 topiramate sprinkle cap 25 mg (Topamax sprinkle)  
 topiramate tab 100 mg (Topamax)  
 topiramate tab 200 mg (Topamax)  
 topiramate tab 25 mg (Topamax)  
 topiramate tab 50 mg (Topamax)  
 valproate sodium oral soln 250 mg/5ml (base equiv)  
 valproic acid cap 250 mg  
 vigabatrin powd pack 500 mg (Sabril)  
 vigabatrin tab 500 mg (Sabril)  
 zonisamide cap 100 mg (Zonegran)  
 zonisamide cap 25 mg (Zonegran)  
 zonisamide cap 50 mg  
 APTIOM – eslicarbazepine acetate tab 200 mg  
 APTIOM – eslicarbazepine acetate tab 400 mg  
 APTIOM – eslicarbazepine acetate tab 600 mg  
 APTIOM – eslicarbazepine acetate tab 800 mg

DILANTIN – phenytoin sodium extended cap 100 mg  
 DILANTIN – phenytoin sodium extended cap 30 mg  
 DILANTIN-125 – phenytoin susp 125 mg/5ml  
 EPIDIOLEX – cannabidiol soln 100 mg/ml

## ANTIMYASTHENIC AGENTS

pyridostigmine bromide tab 60 mg (Mestinon)

## ANTIPARKINSON AGENTS

amantadine hcl cap 100 mg  
 amantadine hcl soln 50 mg/5ml  
 benztropine mesylate tab 0.5 mg  
 benztropine mesylate tab 1 mg  
 benztropine mesylate tab 2 mg  
 carbidopa & levodopa tab 10-100 mg (Sinemet)  
 carbidopa & levodopa tab 25-100 mg (Sinemet)  
 carbidopa & levodopa tab 25-250 mg  
 carbidopa & levodopa tab er 25-100 mg  
 carbidopa & levodopa tab er 50-200 mg  
 carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)  
 carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)  
 carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)  
 carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)  
 carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)  
 carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)  
 entacapone tab 200 mg (Comtan)  
 pramipexole dihydrochloride tab 0.125 mg  
 pramipexole dihydrochloride tab 0.25 mg  
 pramipexole dihydrochloride tab 0.5 mg  
 pramipexole dihydrochloride tab 0.75 mg  
 pramipexole dihydrochloride tab 1 mg  
 pramipexole dihydrochloride tab 1.5 mg  
 rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)  
 rasagiline mesylate tab 1 mg (base equiv) (Azilect)  
 ropinirole hydrochloride tab 0.25 mg  
 ropinirole hydrochloride tab 0.5 mg  
 ropinirole hydrochloride tab 1 mg  
 ropinirole hydrochloride tab 2 mg  
 ropinirole hydrochloride tab 3 mg  
 ropinirole hydrochloride tab 4 mg  
 ropinirole hydrochloride tab 5 mg  
 selegiline hcl cap 5 mg  
 selegiline hcl tab 5 mg  
 trihexyphenidyl hcl tab 2 mg  
 trihexyphenidyl hcl tab 5 mg

CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 10-100 mg  
 CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-100 mg  
 CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 25-250 mg  
 INBRIJA – levodopa inhal powder cap 42 mg  
 TRIHEXYPHENIDYL HCL – trihexyphenidyl hcl oral soln 0.4 mg/ml

## MUSCULOSKELETAL THERAPY AGENTS

baclofen tab 10 mg  
 baclofen tab 20 mg  
 chlorzoxazone tab 500 mg  
 cyclobenzaprine hcl tab 10 mg  
 cyclobenzaprine hcl tab 5 mg  
 methocarbamol tab 500 mg  
 methocarbamol tab 750 mg  
 orphenadrine citrate tab er 12hr 100 mg  
 tizanidine hcl tab 2 mg (base equivalent)  
 tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)  
 EUFLEXXA – sodium hyaluronate intra-articular soln pref syr 20 mg/2ml  
 SYNVISIC – hylan g-f 20 intra-articular soln prefilled syr 16 mg/2ml  
 SYNVISIC ONE – hylan g-f 20 intra-articular soln prefilled syr 48 mg/6ml

## NEUROMUSCULAR AGENTS

riluzole tab 50 mg (Rilutek)

## NUTRITIONAL PRODUCTS

### MINERALS and ELECTROLYTES

pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)  
 potassium chloride cap er 10 meq  
 potassium chloride cap er 8 meq  
 potassium chloride microencapsulated crys er tab 10 meq  
 potassium chloride microencapsulated crys er tab 20 meq  
 potassium chloride oral soln 10% (20 meq/15ml)  
 potassium chloride oral soln 20% (40 meq/15ml)  
 potassium chloride powder packet 20 meq  
 potassium chloride tab er 10 meq (K-tab)  
 potassium chloride tab er 8 meq (600 mg)  
 potassium phosphate monobasic tab 500 mg (K-phos)  
 sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)  
 sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)  
 sodium fluoride chew tab 1 mg f (from 2.2 mg naf)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

SODIUM FLUORIDE – sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)  
 SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)  
 SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)

levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)  
 levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)  
 levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)  
 montelukast sodium chew tab 4 mg (base equiv) (Singulair)  
 montelukast sodium chew tab 5 mg (base equiv) (Singulair)  
 montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)  
 montelukast sodium tab 10 mg (base equiv) (Singulair)  
 terbutaline sulfate tab 2.5 mg  
 terbutaline sulfate tab 5 mg  
 theophylline tab er 12hr 300 mg  
 theophylline tab er 12hr 450 mg  
 theophylline tab er 24hr 400 mg  
 theophylline tab er 24hr 600 mg  
 zafirlukast tab 10 mg (Accolate)  
 zafirlukast tab 20 mg (Accolate)

BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act  
 BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act  
 COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act  
 DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act  
 DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act  
 DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act  
 FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml  
 FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act  
 FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act  
 FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act  
 INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq)  
 NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml  
 NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml  
 NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml  
 QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act  
 QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act  
 SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)  
 SPIRIVA HANDHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)  
 SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act  
 SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act  
 STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act  
 SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act  
 SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act  
 TEZSPIRE – tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml  
 TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aebp 100-62.5-25 mcg/act  
 TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aebp 200-62.5-25 mcg/act  
 VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)  
 XOLAIR – omalizumab subcutaneous soln auto-injector 150 mg/ml  
 XOLAIR – omalizumab subcutaneous soln auto-injector 300 mg/2ml

## MULTIVITAMINS

KOSHER PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 30-1 mg  
 PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg  
 PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg  
 PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg  
 SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg  
 SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg  
 TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg

## VITAMINS

ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)  
 phytonadione tab 5 mg (Mephyton)

## RESPIRATORY AGENTS

### ANTIASTHMATIC and BRONCHODILATOR AGENTS

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)  
 albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)  
 albuterol sulfate soln nebu 0.5% (5 mg/ml)  
 albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)  
 albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)  
 albuterol sulfate syrup 2 mg/5ml  
 albuterol sulfate tab 2 mg  
 albuterol sulfate tab 4 mg  
 budesonide inhalation susp 0.25 mg/2ml (Pulmicort)  
 budesonide inhalation susp 0.5 mg/2ml (Pulmicort)  
 budesonide inhalation susp 1 mg/2ml (Pulmicort)  
 cromolyn sodium soln nebu 20 mg/2ml  
 fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)  
 fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)  
 fluticasone-salmeterol aer powder ba 500-50 mcg/act (Advair diskus)  
 ipratropium bromide inhal soln 0.02%  
 ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml  
 levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)

ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act  
 ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act  
 ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act  
 AIRSUPRA – albuterol-budesonide inhalation aerosol 90-80 mcg/act  
 ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act  
 ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act  
 ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act  
 ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act  
 ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act  
 ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act  
 ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act  
 ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/act (breath activated)  
 ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated)  
 ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)  
 ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)  
 ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act  
 BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act  
 BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

XOLAIR – omalizumab subcutaneous soln auto-injector 75 mg/0.5ml  
 XOLAIR – omalizumab subcutaneous soln prefilled syringe 150 mg/ml  
 XOLAIR – omalizumab subcutaneous soln prefilled syringe 300 mg/2ml  
 XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml

PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml  
 SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk  
 SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk  
 TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk  
 TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaf 75mg thpk gran  
 TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk  
 TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5mg thpk gran

ciclopirox solution 8% (Penlac nail lacquer)  
 clindamycin phosphate gel 1% (Clindagel)  
 clindamycin phosphate lotion 1% (Cleocin-t)  
 clindamycin phosphate soln 1%  
 clindamycin phosphate swab 1%  
 clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%  
 clobetasol propionate cream 0.05%  
 clobetasol propionate emollient base cream 0.05%  
 clobetasol propionate foam 0.05% (Olux)  
 clobetasol propionate gel 0.05%  
 clobetasol propionate oint 0.05%  
 clobetasol propionate soln 0.05%  
 desonide cream 0.05% (Desowen)  
 desonide oint 0.05%  
 desoximetasone cream 0.25% (Topicort)  
 desoximetasone oint 0.25% (Topicort)  
 diclofenac sodium (actinic keratoses) gel 3%  
 econazole nitrate cream 1%  
 erythromycin gel 2% (Erygel)  
 erythromycin soln 2%  
 fluocinolone acetonide cream 0.01%  
 fluocinolone acetonide cream 0.025% (Synalar)  
 fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)  
 fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)  
 fluocinolone acetonide oint 0.025% (Synalar)  
 fluocinolone acetonide soln 0.01% (Synalar)  
 fluocinonide cream 0.05%  
 fluocinonide cream 0.1% (Vanos)  
 fluocinonide emulsified base cream 0.05%  
 fluocinonide oint 0.05%  
 fluocinonide soln 0.05%  
 fluorouracil cream 5% (Efudex)  
 fluorouracil soln 5%  
 fluticasone propionate cream 0.05%  
 fluticasone propionate oint 0.005%  
 gentamicin sulfate cream 0.1%  
 gentamicin sulfate oint 0.1%  
 halobetasol propionate cream 0.05%  
 hydrocortisone cream 2.5%  
 hydrocortisone oint 2.5%  
 hydrocortisone valerate cream 0.2%  
 imiquimod cream 5%  
 isotretinoin cap 10 mg (Absorica)  
 isotretinoin cap 20 mg (Absorica)  
 isotretinoin cap 30 mg (Absorica)  
 isotretinoin cap 40 mg (Absorica)  
 ketoconazole cream 2%  
 ketoconazole shampoo 2%  
 lidocaine hcl soln 4%  
 lidocaine oint 5%

## ANTI-HISTAMINES

cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)  
 cyproheptadine hcl syrup 2 mg/5ml  
 cyproheptadine hcl tab 4 mg  
 desloratadine tab 5 mg (Clarinet)  
 levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)  
 levocetirizine dihydrochloride tab 5 mg  
 promethazine hcl oral soln 6.25 mg/5ml  
 promethazine hcl suppos 12.5 mg  
 promethazine hcl suppos 25 mg  
 promethazine hcl tab 12.5 mg  
 promethazine hcl tab 25 mg  
 promethazine hcl tab 50 mg  
 DESLORATADINE ODT – desloratadine tab orally disintegrating 2.5 mg  
 DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg  
 PROMETHEGAN – promethazine hcl suppos 50 mg

## TOPICAL PRODUCTS

### ANORECTAL AGENTS

hydrocortisone acetate suppos 25 mg  
 hydrocortisone enema 100 mg/60ml (Cortenema)  
 hydrocortisone perianal cream 2.5% (Anusol-hc)  
 CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose)

### DERMATOLOGICALS

acitretin cap 10 mg  
 acitretin cap 17.5 mg  
 acitretin cap 25 mg  
 acyclovir oint 5% (Zovirax)  
 adapalene cream 0.1% (Differin)  
 adapalene gel 0.1%  
 adapalene gel 0.3% (Differin)  
 adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)  
 alclometasone dipropionate cream 0.05%  
 azelaic acid gel 15% (Finacea)  
 betamethasone dipropionate augmented cream 0.05%  
 betamethasone dipropionate augmented lotion 0.05%  
 betamethasone dipropionate augmented oint 0.05% (Diprolene)  
 betamethasone dipropionate cream 0.05%  
 betamethasone dipropionate lotion 0.05%  
 betamethasone dipropionate oint 0.05%  
 betamethasone valerate cream 0.1% (base equivalent)  
 betamethasone valerate lotion 0.1% (base equivalent)  
 betamethasone valerate oint 0.1% (base equivalent)  
 calcipotriene cream 0.005% (Dovonex)  
 ciclopirox gel 0.77%  
 ciclopirox olamine cream 0.77% (base equiv) (Loprox)  
 ciclopirox olamine susp 0.77% (base equiv)  
 ciclopirox shampoo 1% (Loprox shampoo)

## COUGH/COLD/ALLERGY

acetylcysteine inhal soln 10%  
 acetylcysteine inhal soln 20%  
 sodium chloride soln nebu 3%  
 sodium chloride soln nebu 7% (Hypersal)

## NASAL AGENTS - SYSTEMIC and TOPICAL

azelastine hcl nasal spray 0.1% (137 mcg/spray)  
 flunisolide nasal soln 25 mcg/act (0.025%)  
 fluticasone propionate nasal susp 50 mcg/act  
 ipratropium bromide nasal soln 0.03% (21 mcg/spray)  
 ipratropium bromide nasal soln 0.06% (42 mcg/spray)  
 mometasone furoate nasal susp 50 mcg/act

## RESPIRATORY AGENTS - MISC

KALYDECO – ivacaftor packet 13.4 mg  
 KALYDECO – ivacaftor packet 25 mg  
 KALYDECO – ivacaftor packet 5.8 mg  
 KALYDECO – ivacaftor packet 50 mg  
 KALYDECO – ivacaftor packet 75 mg  
 KALYDECO – ivacaftor tab 150 mg

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.

ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

lidocaine patch 5% (Lidoderm)  
 lidocaine-prilocaine cream 2.5-2.5%  
 malathion lotion 0.5% (Ovide)  
 metronidazole cream 0.75% (Metrocream)  
 metronidazole gel 0.75%  
 metronidazole gel 1% (Metrogel)  
 mometasone furoate cream 0.1%  
 mometasone furoate oint 0.1%  
 mometasone furoate solution 0.1% (lotion)  
 mupirocin oint 2%  
 nystatin cream 100000 unit/gm  
 nystatin oint 100000 unit/gm  
 nystatin topical powder 100000 unit/gm  
 nystatin-triamcinolone cream 100000-0.1 unit/gm-%  
 nystatin-triamcinolone oint 100000-0.1 unit/gm-%  
 permethrin cream 5%  
 selenium sulfide lotion 2.5%  
 silver sulfadiazine cream 1% (Silvadene)  
 sulfacetamide sodium lotion 10% (acne) (Klaron)  
 tacrolimus oint 0.03% (Protopic)  
 tacrolimus oint 0.1% (Protopic)  
 tazarotene cream 0.05% (Tazorac)  
 tazarotene cream 0.1% (Tazorac)  
 tazarotene gel 0.05% (Tazorac)  
 tazarotene gel 0.1% (Tazorac)  
 tretinoin cream 0.025% (Retin-a)  
 tretinoin cream 0.05% (Retin-a)  
 tretinoin cream 0.1% (Retin-a)  
 tretinoin gel 0.01% (Retin-a)  
 triamcinolone acetonide cream 0.025%  
 triamcinolone acetonide cream 0.1%  
 triamcinolone acetonide cream 0.5%  
 triamcinolone acetonide lotion 0.025%  
 triamcinolone acetonide lotion 0.1%  
 triamcinolone acetonide oint 0.025%  
 triamcinolone acetonide oint 0.1%  
 triamcinolone acetonide oint 0.5%  
 ADBRY – tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml  
 ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml  
 ALCLOMETASONE DIPROPIONAT – alclometasone dipropionate oint 0.05%  
 BETAMETHASONE DIPROPIONAT – betamethasone dipropionate augmented gel 0.05%  
 CALCIPOTRIENE – calcipotriene soln 0.005% (50 mcg/ml)  
 CIBINQO – abrocitinib tab 100 mg  
 CIBINQO – abrocitinib tab 200 mg  
 CIBINQO – abrocitinib tab 50 mg  
 COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)  
 COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml

COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml  
 COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)  
 COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml  
 COSENTYX UNOREADY – secukinumab subcutaneous soln auto-injector 300 mg/2ml  
 DIFFERIN – adapalene lotion 0.1%  
 DUPIXENT – dupilumab subcutaneous soln auto-injector 200 mg/1.14ml  
 DUPIXENT – dupilumab subcutaneous soln auto-injector 300 mg/2ml  
 DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml  
 DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml  
 ENSTILAR – calcipotriene-betamethasone dipropionate foam 0.005-0.064%  
 ERY – erythromycin pads 2%  
 FLUOCINONIDE – fluocinonide gel 0.05%  
 FLUOROURACIL – fluorouracil soln 2%  
 HYDROCORTISONE – hydrocortisone lotion 2.5%  
 PODOFILOX – podofilox soln 0.5%  
 SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml  
 SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml  
 SOOLANTRA – ivermectin cream 1%  
 SOTYKTU – deucravacitinib tab 6 mg  
 STELARA – ustekinumab inj 45 mg/0.5ml  
 STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml  
 STELARA – ustekinumab soln prefilled syringe 90 mg/ml  
 TREMFYA – guselkumab soln auto-injector 100 mg/ml  
 TREMFYA – guselkumab soln auto-injector 200 mg/2ml  
 TREMFYA – guselkumab soln prefilled syringe 100 mg/ml  
 TREMFYA – guselkumab soln prefilled syringe 200 mg/2ml  
 VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)

sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)  
 triamcinolone acetonide dental paste 0.1%  
 SODIUM FLUORIDE 5000 PPM – sodium fluoride-potassium nitrate gel 1.1-5%  
 SODIUM FLUORIDE/POTASSIUM – sodium fluoride-potassium nitrate gel 1.1-5%

## OPHTHALMIC AGENTS

atropine sulfate ophth soln 1% (Atropine sulfate)  
 azelastine hcl ophth soln 0.05%  
 bacitracin-polymyxin b ophth oint  
 bacitracin-polymyxin-neomycin-hc ophth oint 1%  
 brimonidine tartrate ophth soln 0.1% (Alphagan p)  
 brimonidine tartrate ophth soln 0.15% (Alphagan p)  
 brimonidine tartrate ophth soln 0.2%  
 ciprofloxacin hcl ophth soln 0.3% (base equivalent)  
 cyclopentolate hcl ophth soln 1% (Cyclogyl)  
 diclofenac sodium ophth soln 0.1%  
 dorzolamide hcl ophth soln 2% (Trusopt)  
 dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)  
 erythromycin ophth oint 5 mg/gm  
 fluorometholone ophth susp 0.1% (Fml liquifilm)  
 gentamicin sulfate ophth soln 0.3%  
 ketorolac tromethamine ophth soln 0.4% (Acular is)  
 ketorolac tromethamine ophth soln 0.5% (Acular)  
 latanoprost ophth soln 0.005% (Xalatan)  
 loteprednol etabonate ophth gel 0.5% (Lotemax)  
 loteprednol etabonate ophth susp 0.5% (Lotemax)  
 moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)  
 neomycin-bacitracin zn-polymyx 5(3.5)mg-400unt-10000unt op oin  
 neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)  
 neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)  
 ofloxacin ophth soln 0.3% (Ocuflox)  
 pilocarpine hcl ophth soln 1%  
 pilocarpine hcl ophth soln 2%  
 pilocarpine hcl ophth soln 4%  
 polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)  
 prednisolone acetate ophth susp 1% (Pred forte)  
 sulfacetamide sodium ophth soln 10%  
 timolol maleate ophth soln 0.25% (Timoptic)  
 timolol maleate ophth soln 0.5% (Timoptic)  
 tobramycin ophth soln 0.3%  
 tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)  
 BACITRACIN – bacitracin ophth oint 500 unit/gm  
 CARTEOLOL HCL – carteolol hcl ophth soln 1%

## MOUTH/THROAT/DENTAL AGENTS

cevimeline hcl cap 30 mg (Evovac)  
 chlorhexidine gluconate soln 0.12% (Peridex)  
 clotrimazole troche 10 mg  
 lidocaine hcl viscous soln 2%  
 nystatin susp 100000 unit/ml  
 pilocarpine hcl tab 5 mg (Salagen)  
 pilocarpine hcl tab 7.5 mg (Salagen)  
 sodium fluoride cream 1.1% (Prevident 5000 plus)

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.



ScriptSave's Value Preferred Medications List may offer additional prescription savings for you on brand name and generic medications. Always consult with your healthcare provider on all of your prescription needs.

For additional information about ScriptSave® please visit <https://www.medicalsecuritycard.com> or call 1-800-700-3957.

---

CILOXAN – ciprofloxacin hcl ophth oint 0.3%  
CROMOLYN SODIUM – cromolyn sodium ophth soln 4%  
DEXAMETHASONE SODIUM PHOS – dexamethasone sodium phosphate ophth soln 0.1%  
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%  
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%  
LOTEMAX – loteprednol etabonate ophth oint 0.5%  
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%  
LUMIGAN – bimatoprost ophth soln 0.01%  
NATACYN – natamycin ophth susp 5%  
NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml  
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%  
SULFACETAMIDE SODIUM/PRED – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%  
TRIFLURIDINE – trifluridine ophth soln 1%  
ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3%

---

## OTIC AGENTS

acetic acid otic soln 2%  
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)  
hydrocortisone w/ acetic acid otic soln 1-2%  
neomycin-polymyxin-hc otic soln 1%  
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%  
ofloxacin otic soln 0.3%  
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%

---

This list represents brand products in CAPS and generic products in lower case. This formulary list is subject to change.

**DR**=Delayed-release **ER**=Extended-release **IR**=Immediate-release **NF**=Non-formulary **ODT**=Orally disintegrating tablets **SL**=Sublingual

Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. Members are required to pay for all prescription purchases depending on their benefit coverage. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC, Tucson, AZ.